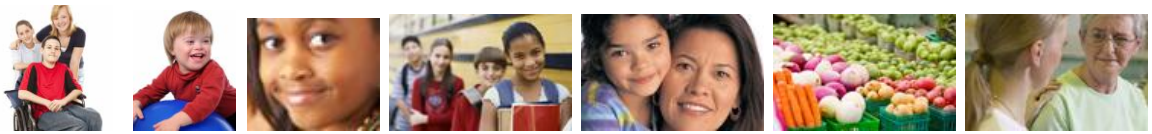
COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Performance Report

January 2014

Person and Family-Centered
Collaboration and Partnership
Accountability
Stewardship



A MESSAGE FROM THE SECRETARY

Welcome to the premier edition of the Executive Office of Health and Human Services (EOHHS) Performance Report. In January 2013, Governor Patrick appointed me to serve as Secretary. Leading the Commonwealth's largest agency is an honor and with this privilege comes a distinct obligation to advance accountability, measure performance and report results in an open and transparent manner.

EOHHS is comprised of 15 agencies and serves nearly every Massachusetts resident. Our secretariat's mandate is to improve the quality of life for the people of Massachusetts, including its most vulnerable residents. Approximately half the State's budget funds the important work of EOHHS and the approximately 22,000 employees that care for veterans, administer food support for low-income families and elders, develop skills for individuals with disabilities, strengthen and support families with young children and promote the health and wellbeing of people with chronic health conditions. This is just a small sample of the compassionate work we do. The breadth of our responsibilities is enormous; tracking our performance has ensured progress is made.

Last year we published our 2012-2015 Strategic Plan. In the development of that plan, EOHHS leadership identified five Secretariat priorities:

- Promoting Health Care Quality, Access and Affordability
- Fostering Safe Communities
- Advancing Self-Sufficiency
- Expanding Community First
- Ensuring Children are Ready to Learn

These priorities were then broken down into 20 measureable goals that have become the foundation upon which agencies track success and chart performance. From **reducing health care costs** and **expanding access of community-based supports** to **reducing youth violence** and **promoting skill development for people with disabilities**, our goals guide specific initiatives and interventions across our secretariat developed to improve quality of life.

This year, EOHHS has implemented several new innovative healthcare cost containment initiatives and we are implementing the federal Patient Protection and Affordable Care Act across the Commonwealth, which will further expand access to quality healthcare. We've strengthened public health infrastructure programs and increased opportunities for refugees and immigrants. We are enhancing program integrity across the secretariat. We are a national leader in services for veterans providing increased outreach and service coordination. We continue to promote self-sufficiency and community-based supports for people with disabilities. Our data is showing that these efforts are making a difference.

Much of the work on Governor Patrick's strategic goals for his administration - closing the achievement gap, job creation, reducing healthcare costs, and eliminating youth violence- is done within EOHHS agencies. In keeping in line with Governor Patrick's goal of increased transparency, we present to you EOHHS's inaugural performance report.

EOHHS AGENCIES

- Office of Medicaid/MassHealth
- Executive Office of Elder Affairs
- Department of Mental Health
- Department of Public Health
- Department of Children and Families
- Department of Transitional Assistance
- Department of Youth Services
- Office for Refugees and Immigrants
- Department of Developmental Services
- Massachusetts Commission for the Blind
- Massachusetts Commission for the Deaf and Hard of Hearing
- Massachusetts Rehabilitation Commission
- Department of Veterans Services
- Chelsea Soldiers' Home
- Holyoke Soldiers' Home

This document was prepared pursuant to Executive Order 540, Governor Patrick's directive to embed strategic planning and performance management across state government.

Review of this document should be made in conjunction with the EOHHS 2012-2015 Strategic Plan. This report provides an update on the accomplishments related to our secretariat strategic goals.

John Polanowicz, Secretary

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Working together | Achieving our priorities

The Executive Office of Health and Human Services (EOHHS) has designed a performance management system that ensures alignment among goals outlined by the Governor, our Secretariat and our individual agencies' missions, priorities, and strategic goals. In doing so, we have created a logical framework for the broad range of work we do and how it supports shared goals at all levels of government. The EOHHS 2012-2015 Strategic Plan was the result of a collaborative process in which EOHHS leadership outlined our vision, mission, goals and key strategies to achieve our shared objectives. This plan provided the basis for the dashboards we use on a regular basis to measure progress towards our shared goals.

The goals identified in our Strategic Plan were integrated into our existing organizational structure for ongoing management and oversight. Just as each agency contributed to the development of the Strategic Plan, each agency has contributed to the ongoing review of our goals, initiatives and performance measures. The EOHHS staff met regularly to discuss our progress, and review course corrections necessary to ensure our goals are being met. This report includes information gleaned from these ongoing conversations, along with review of individual measures in conjunction with agency representatives.

We are proud of the cross-cluster collaborations that have been made to advance our priorities. Specific projects developed under our priority of Promoting Health Care Access, Quality and Affordability, such as **Money Follows the Person** and the **One Care program,** engaged multiple agencies in creating sustainable responses to improve integrated health care for residents of the Commonwealth. Similarly, **Caring Together** has involved the collaboration of the Department of Children and Families (DCF) and the Department of Mental Health (DMH) in the procurement of residential services for youth. These efforts are just some examples of how we have improved our delivery model for the betterment of services for individuals and families.

Across each of our five priorities, we have made significant achievements toward the realization of our vision of secure, safe and healthy individuals, children, families, and communities in the Commonwealth. However, our work is not complete. We remain committed to the advancement of these priorities and goals and as such, will continue to monitor our performance. In creating this Performance Report, EOHHS staff and leadership are pleased to share performance measures that are representative of the breadth of work at each of our fifteen agencies. Our goal is to illustrate how the work done on behalf of the Commonwealth is guided by the strategic priorities identified in 2012. This has required some refinements of goals, initiatives and measures included in the Strategic Plan. It is our belief that what is presented here is demonstrative of the work towards achieving strategic goals. This streamlined reporting makes for a clear narrative and increased transparency. Additional questions about this report or performance management at EHS can be directed to EHSResultsUnit@state.ma.us

EOHHS 2012-1015 Strategic Goals

Promoting Health Care Access, Quality and Affordability

1) Maintain access to health care and reduce disparities in access
2) Improve the quality of health care in all clinical settings
3) Reduce the cost of health care through system redesign, payment reform, and the use of HIT
4) Improve care coordination for high risk populations: people with chronic disease, including cognitive, mental, behavioral and substance use disorders
5) Improve the health of individuals, families and communities

Fostering Safe Communities

6) Partner with local communities to implement targeted strategies to reduce youth violence
7) Enhance Veteran safety
8) Increase efforts to support veterans in the criminal justice system

Advancing Self-Sufficiency

9) Increase accessible and varied job development, job creation and support opportunities
10) Promote skill development for youth with disabilities in preparation for a productive adult life
11) Ensure the availability of physical and communication access for individuals with disabilities in the Commonwealth
12) Ensure that access to all veterans' benefits and services is available throughout the commonwealth
13) Expand income and financial support opportunities for all elders in the Commonwealth including employment, benefits eligibility and personal planning opportunities

Expanding Community First

14) Provide innovative person-centered services focused on consumer choice and self-determination
15) Expand access to home and community-based long-term supports while also improving the capacity and quality of supports
16) Improve the capacity, quality and availability of community-based long term care service and supports
17) Increase the supports available to informal caregivers such as, respite and supportive services in order to encourage continuation of informal care giving

Ensuring Children are Ready to Learn

18) Improve student attendance
19) Meet families' support needs
20) Address students' non-academic needs (e.g. behavioral, physical and mental health)

Promoting Health Care Quality, Access and Affordability

The Executive Office of Health and Human Services (EOHHS) is the Commonwealth's principal health agency, leading efforts to improve health, promote wellness, and advance the quality of care for all residents. Our role is multi-faceted. EOHHS develops policies that govern how the state funds and delivers health services. Through MassHealth, we provide comprehensive health coverage to 1.4 million residents. We fund a wide range of health, mental health, substance abuse, long term care, and public health services. We operate facilities that provide acute and chronic medical care, health care services to veterans, and mental health services to individuals of all ages. In our role as the state's public health authority, we promote public health in the areas of communicable diseases, community health access, emergency preparedness, environmental health, family health and nutrition, and health care safety and quality.

> *"Quality, affordable care accessible to all improves lives, and in many cases, saves lives. It gives peace of mind and economic security to working families. It increases productivity for large and small employers alike. It creates jobs and contributes to the strength of the Massachusetts economy. It is a powerful statement of who we are as a commonwealth."*
> – Governor Patrick, October 2013

Massachusetts is the United States' leader in its efforts to reform the health care system and broaden access to care. As the first state to achieve near universal health care coverage, we lead the nation in insuring our population, with 97 percent of residents insured. However, our work is far from complete. We continue to strive to make high-quality, affordable health care available to all residents while pursuing innovative strategies to reduce health care costs. Massachusetts is also a pioneer in its efforts to reform the health care delivery system in order to provide integrated care for high risk populations and for those with chronic disease including mental health and substance use disorders. These efforts include initiatives such as the Children's Behavioral Health Initiative (CBHI), Primary Care Payment Reform, and the One Care program to integrate services for individuals dually eligible for Medicaid and Medicare.

Our strategic goals for this priority are to:

- Maintain access to health care and reduce disparities in access
- Improve the quality of health care in all clinical settings
- Reduce the cost of health care through system redesign, payment reform, and the use of health information technology (HIT)
- Improve care coordination for high risk populations: people with chronic disease, including cognitive, mental, behavioral and substance use disorders
- Improve the health of individuals, families and communities

Key initiatives designed to address health care access, quality and affordability are often comprehensive in their approach – aimed at targeting multiple strategic goals. The implementation of the federal Affordable Care Act, the Delivery Service Transformation Initiative and the integration of physical and behavioral health into person-centered medical homes are all designed to address quality, cost and improved coordination of care simultaneously. Initiatives described under a specific goal area below may impact other strategic goals in significant ways as well.

Maintain access to health care and reduce disparities in access

Since the enactment of state health care reform in 2006, Massachusetts has achieved nearly universal health coverage, with 97% of adults and over 98% of children having health insurance coverage. These gains in coverage have not only translated into improvements in health care access, but have started to decrease disparities in access. The implementation of the federal **Affordable Care Act (ACA)** will help Massachusetts continue to build on the gains made in coverage, affordability, access, and quality of health care. For fiscal year 2014, *MassHealth* will expand coverage to childless adults (under 65) with incomes less than or equal to 133% of the federal poverty level (FPL) through the new **CarePlus program,** slated to begin on January 1, 2014. The Affordable Care Act also provides new subsidies to help adults with incomes up to 400% FPL purchase health insurance coverage through the Health Connector.

In order to meet the requirements established under the ACA, MassHealth and the *Health Connector* have been working together to build a new web-based system enabling real-time eligibility, integration with the **Federal Data Services Hub (FDSH),** and enhanced data exchanges with state agencies. The new eligibility system will ultimately be expanded to other EOHHS agencies to improve eligibility, enrollment, and access to other health and human services.

> *"Virtually every resident in the commonwealth is insured today. More private companies offer insurance to their employees than ever before. Over 90 percent of our residents have a primary care physician. Preventive care is up and health disparities are down. Most important of all, on a whole range of measures, we are healthier both physically and mentally."*
> – Governor Patrick, October 2013

Improve the quality of health care in all clinical settings

By improving care coordination and integration across delivery systems, we are working to improve the quality of health services across the Commonwealth. Many of our new payment reforms are also designed to reward quality and outcomes. Two examples of these reforms are the **Delivery System Transformation Initiatives (DSTI)** and **Infrastructure and Capacity Building (ICB)** grants.

The **Delivery System Transformation Initiative (DSTI),** established in 2011, is a performance-based incentive payment program to support and reward safety net hospitals for investing in delivery system transformation projects that advance the triple aims of better care, better population health, and lower costs. DSTI funding has presented safety net providers, who are often disadvantaged by their high public and low commercial payer mix, with the resources and support necessary to begin advance improvements in their operations, while maintaining critical services for MassHealth members. Currently, participating hospitals include Boston Medical Center, Cambridge Health Alliance, Holyoke Medical Center, Lawrence General Hospital, Mercy Medical Center, Signature Healthcare Brockton Hospital and Steward Carney Hospital. Each of the seven hospitals established unique DSTI programs that sought to fulfill four objectives:

- Develop of a fully integrated delivery system;
- Improve of health outcomes and quality;
- Move towards toward value-based purchasing and alternatives to fee-for-service payments; and
- Population-focused improvements.

In FY2013, hospitals implemented their DSTI projects in order to fulfill the four objectives listed above. They submitted two semi-annual reports and were funded accordingly. In order to achieve systemic transformations and sustain the programs currently in

place, the DSTI hospitals will build upon the successes achieved from the beginning of the initiative and introduce new, complementary programs through FY2015.

Lawrence General Hospital's Physician Hospital Organization (PHO) Initiative

Lawrence General Hospital (LGH) used DSTI funds to bring its disparate, independent physician group practices, solo practitioners, and the independent local health center together under an umbrella entity, the Physician Hospital Organization (PHO). More than 320 physicians joined the PHO and for the first time are working together on clinical integration, engaging in dialogue about referral patterns, preventing "leakage" to higher cost providers, contracts, payment systems and technology initiatives. LGH intends to continue this project to invest in referral systems and data analytics, steps that will enhance the PHO's capacity to enter into contracts with health plans as an entity, and accept alternatives to fee-for-service payments.

The **Infrastructure and Capacity Building (ICB)** grant program allows acute hospitals, critical access hospitals, and community health centers (CHCs) to apply for funding in order to develop and implement infrastructure and capacity building projects. These initiatives serve to support and strengthen providers that have limited capacity to initiate transformative projects with the goal of enhancing service and high-quality care to MassHealth members. With this additional support, participating providers are able to better keep pace with the rapidly-evolving healthcare landscape and serve MassHealth members with high quality care. Providers eligible for DSTI are not eligible for the ICB program.
ICB grants promote best practices for MassHealth providers and assess provider readiness for current and future cost containment and quality improvement initiatives. The ICB grant program also provides an opportunity for certain entities to build upon the patient centered medical home initiative (PCMHI) and move toward more integrated models of care. In FY2013, the grant program provided approximately $14.5 million in funds to 57 hospitals and CHCs who applied through a competitive request for proposals; the FY2014 budget includes an additional $26 million for ICB grants.

Reduce the cost of health care through system redesign, payment reform, and the use of health information technology (HIT)

In 2012, Governor Patrick signed Chapter 224, an Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency, and Innovation. Chapter 224 includes a comprehensive set of strategies for cost containment, including setting a target for health care cost growth, promoting payment and delivery system reform, improving transparency, supporting prevention and wellness, reforming the malpractice system, and implementing health resource planning. Since then, several initiatives have been implemented at EOHHS to address the rising costs of health care.

Historically, the payment and delivery systems in Massachusetts have been grounded in a traditional fee-for-service (FFS) structure that does not inherently promote efficiency, quality, or coordination of care. The **Primary Care Payment Reform** (PCPR) Initiative seeks to drive primary care delivery transformation by giving Primary Care Providers (PCPs) greater flexibility and resources to deliver care in the best way for their patients. The PCPR Initiative is based on a shared vision for primary care providers to take accountability for the cost and quality of care through a patient-centered medical home (PCMH) model. This model is primarily a care coordination program discussed as part of our next strategic goal.

The payment mechanism that supports PCPR is a Comprehensive Primary Care Payment (CPCP) combined with quality incentives and a shared savings/risk arrangement. The quality incentive payment is an annual performance incentive payment for improving the delivery of primary care services. The shared savings/risk arrangements allow providers to share in savings on non-primary care spending. Shared savings is an incentive structure in which providers share in savings if the actual costs fall below the expected costs over a specified time period. These arrangements incentivize providers to manage the total costs of care. EOHHS will complete the procurement process to select participating PCPR providers in the first half of FY2014, and will initiate the performance period for annual incentive payments and clinical milestones in the second half of the fiscal year.

In 2012, the Massachusetts eHealth Institute (MeHI) and EOHHS launched the statewide health information exchange, the **MassHIway**, allowing for secure electronic health information to be transmitted between health care providers and organizations. To accelerate connections to the Mass HIway, implementation grants were made available to health care organizations in Massachusetts to fund efforts that shift existing processing away from paper-based exchanges and those using proprietary interfaces. These projects are expected to ultimately demonstrate measureable improvements in quality of care, population health, and cost containment through the use of health information technology.

As of FY2013, 32 grants were awarded to health care organizations throughout Massachusetts to connect health care providers and organizations and provide improved care at lower costs. MassHealth's **Predictive Modeling** project aims to reduce health care costs by procuring, designing, and building a cutting edge pre-payment analytic engine to analyze MassHealth claims. The use of predictive modeling technology identifies and drives down potential member and provider fraud, waste, and abuse. This tool uses analytic capabilities including predictive modeling, scenario building, cross-state benchmarking, and social networking to identify suspicious claims before payments are made. Predictive modeling uses social networking capabilities to analyze relationships between members and providers, and uses data matches to confirm immigration status, check other states' Medicaid enrollment, and streamline verification of income and residency to catch instances of potential fraud, thus reducing cost and effort on recovery and collections. The Predictive Modeling application went live in October 2013.

Improve care coordination for high risk populations: people with chronic disease, including cognitive, mental, and behavioral and substance use disorders

People with complex health needs benefit from improved care coordination among their multiple providers. EOHHS is endeavoring to address care coordination with the introduction of several new initiatives that improve our way of providing services to specific populations.

The Duals Demonstration project, developed to improve care for persons with disabilities who are dually eligible for both Medicaid and Medicare, is now called **One Care: MassHealth plus Medicare.** One Care is designed to improve coordination of services provided to this population, the majority of whom have extremely complex medical care needs. As of November 1, 2013, 3,700 MassHealth members have enrolled in the program. One Care will also offer services that are personalized to an individual's needs and preferences; focus on independent living and community-based supports; improve functional and health outcomes for individuals; and help reduce undesirable cost-drivers such as potentially

unnecessary emergency room use, readmissions, facility-based care, and unmanaged chronic diseases.

Through three-way contracts with EOHHS and CMS, One Care plans (called **Integrated Care Organizations** or ICOs) will receive a combined global payment from the federal and state governments to provide all the services of Medicare Parts A, B and D, and MassHealth. Until now, these services have only been available to individuals on a non-coordinated, fee-for-service basis. One Care plans will also offer behavioral health and community support services that are not currently covered by either program. These are services such as peer supports, home care services, non-medical transportation, access to community health workers, and behavioral health community supports.

The **Patient Centered Medical Home Initiative (PCMHI)** is a cornerstone in coordinated care strategy with 46 competitively-selected primary care practice sites across the Commonwealth and a multi-payer group of Massachusetts health plans working collaboratively to support primary care practice transformation. When a patient is part of a PCMH, a primary care provider and members of his or her team coordinate all of a patient's health needs, including management of chronic conditions, visits to specialists, hospital admissions, and reminding patients when they need check-ups and tests.

Under the sponsorship and direction of EOHHS, PCMHI is a key vehicle to facilitate the transition to high-performing, patient-centered primary care delivery across the Commonwealth of Massachusetts. EOHHS has set goals to support primary care practices in their transition to a PCMH model of care and conduct an evaluation of the transformation's impact on quality and health expenditures at the completion of the three year demonstration. In FY2013, 96% of contracted practices fully participated in goals set for the three year period and are recognized by the National Committee for Quality Assurance (NCQA) as certified PCMHs. In addition, practices have completed the Behavioral Health Integration Toolkit, available in the public domain to support integration of behavioral health in the primary care setting.

In 2011, Massachusetts was awarded a five year **Money Follows the Person (MFP)** Demonstration Grant from CMS. MassHealth is responsible for MFP administration and has collaborated closely with EOHHS agency partners to develop and implement the program. This federal funding will support the transition of more than 2,200 Medicaid-eligible individuals who are currently residing in long term care facilities, including nursing facilities, hospitals, and intermediate care facilities into community-based care. In FY2013, the MFP Demonstration built upon an already substantial commitment to support individuals living in community settings and provided Massachusetts with federal funding to increase the use of home and community based services (HCBS), eliminate barriers that prevent transitions from facility settings, and ensure quality assurance and improvement. As of October 2013, approximately 400 MassHealth members have transitioned to community settings. The goal is to achieve an additional 550 transitions through FY2015.

> *"Through this program, we will be able to better provide cost-effective quality care, while promoting self-sufficiency, dignity, and independent living in the community."*
> – Secretary Polanowicz, November 2013

MassHealth has also enhanced care coordination in the Primary Care Clinician (PCC) plan. Members enrolled in the PCC plan select a PCC who is responsible for providing primary care and referrals to specialists and other MassHealth providers. In 2012, MassHealth, through a competitive procurement selected the Massachusetts Behavioral Health Partnership to provide care management services

to PCC enrollees, with the goal of strengthening communication and collaboration between PCCs and behavioral health providers to treat the whole patient. This integration is particularly significant because of the high overlap between medical conditions and mental illness—29% of adults with medical conditionals have mental disorders and 68% of adults with mental disorders have medical conditions. The PCC Plan now offers several new and enhanced programs and services including care management and coordination through an **Integrated Care Management Program** and a 24-hour nurse advice line. Additionally, there is increased access to care with expanded regional offices and staffing. As part of its contract with MBHP, EOHHS will make **Pay for Performance (P4P)** payments to providers based on the measures of (1) Follow-Up after Hospitalization for Mental Illness, (2) Initiation and Engagement for Treatment of Alcohol and other Drug Dependency, and (3) Follow-up Care for Children Prescribed ADHD Medication for all members of the plan. The fourth P4P Measure is based on improving the percentage of primary care visits for PCC Plan Members with diabetes who are clients of the Department of Mental Health (DMH) and improving measures of compliance with standards of diabetes care.

Lastly, **Health Homes** are intended to render provider-based services of enhanced care coordination and care integration for adult and pediatric members with chronic mental health conditions. MassHealth and DMH have worked together to create a proposed Health Homes model with the intent to submit a state plan amendment for FY2014.

Improve the health of individuals, families and communities

Massachusetts has received high marks for its prevention and health promotion efforts. In the 2013 report of the United Health Report – America's Health Rankings, Massachusetts was recognized as the 4th healthiest state in the nation as indicated by factors such as smoking levels, obesity rates, infant mortality and premature deaths. Key initiatives at EOHHS agencies have made significant strides in addressing health issues for residents of the Commonwealth.

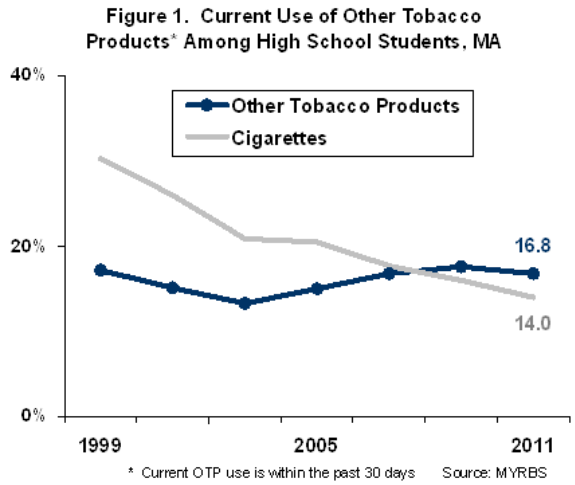
The Department of Public Health (DPH) manages hundreds of programs to protect and improve individual, family, and community health. Five overarching goals unify DPH services, including effective implementation of health care reform, prevention and management of chronic disease, health disparities reduction, youth violence prevention, and strengthening core public health infrastructure such as disease surveillance, environmental health, emergency preparedness, and regulation of health care providers.
Chronic disease accounts for 75 percent of health care costs and 70 percent of premature deaths; DPH has developed a variety of nationally respected, innovative programs that target the needs of multiple populations. Examples include:

Mass in Motion: DPH's signature campaign to combat overweight and obesity—and the related epidemic of diabetes—features "municipal wellness grants" to 52 cities and towns across the state to promote healthy eating and active living. The goal is to make healthy choices the easiest choices through policy change, community engagement, and improvements in the built environment. Mass in Motion also includes technical assistance to develop workplace wellness programs, web-based public education, and an executive order to assure nutritious food is purchased in state-funded residential programs.

The **Prevention and Wellness Trust** builds and expands on initiatives like Mass in Motion by supporting resources and

infrastructure that are designed to help prevent and control chronic diseases and other events impacting health in communities. Through community-based partnerships involving municipalities, healthcare systems, businesses, regional planning organizations, and schools, groups will work together to provide research-based interventions that reduce rates of the most prevalent and preventable health conditions, increase healthy behaviors, increase the adoption of workplace-based wellness or health management programs and address health disparities. The Trust will become the driving force to expand upon the current activities and thus ensure that communities and healthcare systems can work together to build a sustainable, collaborative, data-driven, partnership that permanently links their efforts to improve health and at the same time control the growth of healthcare costs. Grants will be awarded beginning in FY2014.

Massachusetts Tobacco Control Program (MTCP): For over a decade, Massachusetts has been recognized as an international leader in efforts to reduce smoking, which is still the major cause of premature death and chronic disease. Key programs include "the 84," a statewide movement of youth fighting tobacco use (named for the percent of youth who don't smoke), public education campaigns, retailer training and tobacco compliance checks, support for regional tobacco prevention coalitions, smoking cessation programs, and the Smoker's Helpline at 1-800-QUIT-NOW (1-800-784-8669)**.**



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Because the rate of smoking among MassHealth members is almost double that of the general population, MassHealth offers a **tobacco cessation benefit** to members who want to quit smoking or using tobacco. MassHealth members may receive group or individual counseling by requesting tobacco cessation counseling services from their doctor. These services are available through MassHealth physicians, community health centers, and hospital outpatient departments (other than the emergency department). Also, members may request a prescription from their doctor for nicotine replacement medicine, including nicotine patches, gum, and lozenges, and certain other medicines to help members in the process of quitting tobacco.

Office of HIV/AIDS: Massachusetts has achieved dramatic reductions in the annual number of new HIV diagnoses through a combination of accessible, evidence-based prevention and screening services, and care and treatment services for persons living with HIV infection. The Office of HIV/AIDS utilizes

epidemiologic data to inform service investments throughout the state, and the Office contracts with community-based providers to deliver health-related support services for people living with HIV/AIDS, such as Medical Case Management, Peer Support, Housing Advocacy, Nutrition Services, Medical Transportation, Health Systems Navigation, Acupuncture, Dental Services, and Non-Traditional Mental Health. The Office also supports a range of integrated prevention, screening, and care services for HIV, hepatitis C, and sexually transmitted diseases (STDs) in medical and non-medical agencies.

In FY2013, the Department of Mental Health (DMH) provided **Community Based Flexible Support Services (CBFS)** to 13,205 people through DMH. CBFS is a comprehensive community service that provides a mix of rehabilitative, support and supervision services in a flexible manner with the goals of increasing capacity for independent living and recovery from mental illness. Key indicators of CBFS performance include support for developing or maintaining independent living, community tenure (living in the community without need for psychiatric or medical hospitalizations) and employment. For people served by CBFS services, we have found:

- Approximately 70% of people live in independent settings, including alone, with families and with other non-relatives.
- Approximately 85% of people experience community tenure for 90 days or greater.
- Approximately 25% of people are employed or engaged in a work-related activity such as attending school, conducting a job search or volunteering.

In accordance with Chapter 257, DMH is engaging with EOHHS and the Center for Health Information and Analysis (CHIA) in a rate setting process. DMH, EOHHS and CHIA are conducting analysis of CBFS cost and utilization data and preparing a draft CBFS model and rate for stakeholder input in winter 2013.

Caring Together refers to the joint *Department of Children and Families* (DCF) and *Department of Mental Health* (DMH) procurement for youth residential services. This procurement represents a total of $250 million service dollars annually, and encompasses services ranging from intensive, in-home community support; to teen parenting; to emergency (court-ordered) placement; to locked, Joint Commission accredited treatment facilities. The unified nature of this procurement ensures adherence to defined standards, clarity of access for youth and families, common approaches to quality management and oversight, and measurement of key outcomes. The primary goals of the service design are to promote community and family integration, reduce recidivism, ensure seamless, youth and family-focused care, and deliver long term quality outcomes for youth and families. This unique system redesign will provide improved continuity of care, increased focus on community tenure and sustainable outcomes, enhanced clinical services, and increased family and youth voice and choice.

Promoting Health Care Quality, Access and Affordability Measures

Maintain Access to Health Care	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
% Children with health insurance	98.1 %	99.8%	Stable	100 %	▲	FY 11 vs FY 10 MA ranks 1st in the nation
% of employers offering health insurance coverage	76 %	77%	Stable	80 %	▲	FY 11 vs FY 10 MA is above the national average of 60%
% of Massachusetts residents with health insurance	96.9 %	98.1%	Stable	100 %	▲	FY 11 vs FY 10 MA ranks 1st in the nation
% of residents with incomes <150% FPL without health insurance	7 %	3.8%	Worsening	1.9 %	■	FY 11 vs FY 10 Improvement expected after the full implementation of ACA
Improve the Quality of Health Care						
# of SREs (Serious Reportable Events) (DPH)	480	512	Improving	461	▲	FY 11 vs FY 10
# of HAIs (Hospital Acquired Infections) (DPH)	428	500	Improving	450	●	FY 11 vs FY 10
Rate of preventable admissions (DPH)	8.12	8.45	Improving	8.38	●	FY12 vs FY11
% of DSTI (Delivery System Transformation Initiative) progress metric targets achieved by participating hospitals (MassHealth)	99.5%	98.9%	Stable	100%	●	FY13 vs FY12
Reduce Health Care Costs						
% growth in MassHealth spending per member per year (MassHealth)	-0.01%	-1.55%	Improving	<3.6%	●	FY13 vs FY12
Health Safety Net demand (MassHealth)	$554M	$497M	Worsening	$414M	■	FY12 vs FY11 Demand for Health Safety Net payments are expected to improve (decrease) after the full implementation of ACA

STATUS LEGEND		
On Target	> = Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	■
Not Applicable (N/A)		–

	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
Improve Integrated Care for High Risk Populations						
# of MassHealth PCC Plan members engaged through the Care Management program (MassHealth)	6,118	-	-	6,000	●	This program began in FY13. Prior period is unavailable.
# of MassHealth member transitions from institutional to community settings through the Money Follows the Person (MFP) Initiative (MassHealth)	522	213	Improving	451	●	Prior period is CY 2012. Current period 1/1/13-11/30/13. Comparable numbers expected at years end.
# of enrollees in MassHealth One Care program for individuals eligible for Medicaid and Medicare (MassHealth)	3,786	-	-	N/A	-	Current period is November 2013. Program started in October 2013.
Improve Health of Individuals, Families and Communities						
% of obese adults in Massachusetts (DPH)	22.8%	23.6%	Improving	30.6%	●	FY 11 vs FY 10
% of adults who have diabetes (DPH)	7.6%	7.4%	Stable	7.4%	▲	FY 11 vs FY 10 The target is equal to 2010 actual, indicating that our goal to stabilize this rate.
% of high school students who smoke (DPH)	14%	16%	Improving	11.8%	■	FY 11 vs FY 09 Target is based on reducing the percentage of HS smokers by 26% between 2009 and 2015.
# of newly reported HIV / AIDS cases (DPH)	677	657	Stable	675	●	FY 11 vs FY 10 The last 3 years of complete data indicate a stable epidemic. Recently implemented electronic reporting has improved identification of HIV cases.

STATUS LEGEND		
On Target	> = Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	■
Not Applicable (N/A)		–

Safe Communities

People should feel safe where they live, work, learn, and play. EOHHS' strategies for promoting safe communities include both prevention and intervention. Whenever possible, we promote prevention of harm, abuse and neglect before they occur. In FY13, EOHHS agencies supported safety in communities through targeted efforts to reduce youth violence and ensure systems of support for our veterans. In addition, many of our agencies intervened to protect vulnerable populations including children, elders and individuals with disabilities, and to support individuals impacted by trauma.

EOHHS' prevention efforts apply a two-pronged approach that is population specific. For youth, we focus on efforts that keep people from hurting each other (safety from violence). EOHHS has identified youth crime and violence as areas of focus. Two holistic prevention efforts to these areas - the Juvenile Detention Alternatives Initiative (JDAI) and the Safe and Successful Youth Initiative (SSYI) have proven successful in FY13.

With our veterans, prevention efforts take broader aim by promoting safety through the acquisition of safe housing and support around mental health issues, specifically suicide prevention. EOHHS agencies work diligently to address the distinct mental health concerns of veterans by creating specific community services that are targeted and culturally-competent. Keeping veterans safe and healthy ensures that those who serve are afforded opportunities to thrive.

Our strategic goals for this priority are to:

- Partner with local communities to implement targeted strategies to reduce youth violence
- Enhance veteran safety
- Increase efforts to support veterans in the criminal justice system

Key initiatives to achieve these goals are to:

- Align EOHHS services and other programs across government intended to reduce youth violence to support a comprehensive and well-coordinated violence prevention strategy
- Partner with local communities to implement a targeted human service-based violence prevention strategy for high-risk youth (Safe and Successful Youth Initiative)
- Prevent veterans suicide through efforts of Statewide Advocacy for Veterans' Empowerment Team (SAVE)
- Ensure veterans have access to safe housing opportunities through the Statewide Housing Advocacy for Reintegration and Prevention (SHARP) Program

Partner with local communities to implement targeted strategies to reduce youth violence

To support the Governor's focus on eliminating youth violence, EOHHS, DCF, DTA, DYS, ORI, DPH and the Executive Office of Public Safety and Security have delivered services to individuals, families and communities to promote positive youth development and public safety. With a specific focus on youth violence prevention, both the Juvenile Detention Alternatives Initiative (JDAI) and the Safe and Successful Youth Initiative (SSYI) have offered a holistic and innovative approach to services.

The **Juvenile Detention Alternatives Initiative (JDAI)** is a nationally recognized detention reduction framework based on the work of the Annie E. Casey Foundation. JDAI focuses on the juvenile detention component of the juvenile justice system because when youth are unnecessarily or inappropriately detained, there is significant expense to the commonwealth, and long-lasting negative consequences for both public safety and youth development. JDAI promotes changes to policies, practices, and programs to reduce reliance on secure confinement, improve public safety, reduce racial disparities and bias, save taxpayers' dollars, and stimulate overall juvenile justice reforms.

Using the core strategies of JDAI, the *Department of Youth Services* (DYS) in collaboration with its juvenile justice system partners, has achieved significant reductions in the reliance on secure detention in Massachusetts, while simultaneously maintaining public safety and improving the conditions of confinement in its detention facilities. Since JDAI's inception in 2006, there has been a statewide reduction in bail admissions by 54% and a 20% reduction in the average length of stay for youth held on bail.

In 2011, JDAI expanded to become a statewide initiative with an overarching Governance Committee to oversee the work. The Governance Committee is comprised of individuals from EOHHS, the Administrative Office of the Juvenile Court, the Office of the Commissioner of Probation, DYS, DCF, DMH, the Executive Office of Public Safety and Security, the Massachusetts Chiefs of Police Association, the Committee for Public Counsel Services, as well as child and youth-serving organizations. Additionally in FY13, Bristol County established a local JDAI collaborative to encourage detention reform locally. In the fall, Hampden County also formed a collaborative, resulting in six counties having local, county-level work groups.

DYS has expanded community-based options to youth with a bail status so that lower-level youth do not need to be placed into secure detention. In FY13, one new shelter care program and one new foster care program opened in the state. The goal is to provide a continuum of detention placements across the state, based upon youth's need for security and to prevent the dangers associated with unnecessary hardware- secure (i.e. prison) detention for young people.

> *"This plan centers on the belief that peace in urban communities is achievable. We must stop children from killing children, ending the despair felt by too many young people and the fear of violence felt by everybody else."*
> *- Governor Patrick at SSYI launch, May 2011*

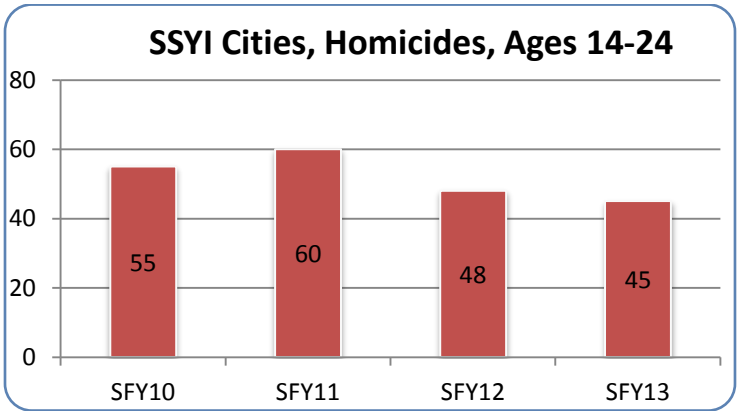
The **Safe and Successful Youth Initiative (SSYI)** is designed to break the cycle of youth violence in key municipalities in the Commonwealth. In FY12, grants were awarded to the eleven identified communities: Boston, Lynn, Lowell, Worcester, Springfield, Lawrence, Brockton, Chelsea, Fall River, New Bedford and Holyoke. The Initiative specifically targets young men between the ages of 14 and 24 identified as "proven-risk youth": the most likely to kill or be killed. At the core of this initiative are the partnerships between state and local government and community stakeholders. The goal is to ensure that a full continuum of services - case management, intensive supervision, workforce development and employment support, educational opportunities and support, and behavioral health - are available and coordinated in each city and are reaching the identified population.

The successes seen in SSYI have tangible and potentially lasting impact on youth. As of the last report, 282 (21%) of SSYI youth were enrolled in an employment program which represents an

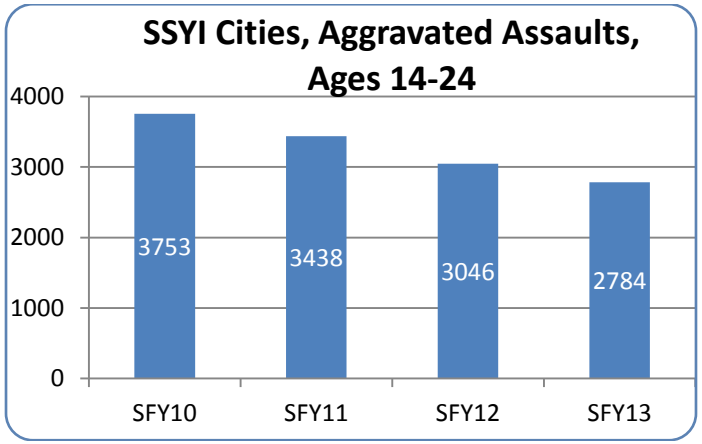
increase from 87 (6%) since the start of the grant cycle. Employment services are just one way in which SSYI supports proven-risk youth. The SSYI team is proud that 282 proven-risk young men are engaged in employment services, actively attempting to be productive, safe and contribute to their financial success. The pride in having a job is just one way that young people can cultivate a feeling of hope and productivity.

When I was 21 years old, I watched my friend pass away in my arms after several gunshot wounds. It was at that moment that I vowed never to turn back to a life of crime and violence. I got depressed, ended up losing my home and began living in my car. I've earned my GED and I am currently employed. I'm becoming more employable every day. I plan to start my classes at Middlesex College this fall. SSYI provides a successful way to end the violence. Ten years from now I see myself happy… have a family, have a good house, have my dream job.
--Riqie, a young man who receives SSYI services in Lowell (source)

Overall crime victimization in SSYI cities is down significantly since SSYI was initiated at the end of FY11. From FY11 to FY13, SSYI cities experienced a 25% drop in homicide victims age 14-24.



Aggravated assault statistics continue to trend downward as well. From FY11 to FY13, SSYI cities experienced a 19% drop in aggravated assaults victims age 14-24.



The Administration continues to collaborate with local representatives including mayors, district attorneys, police, school officials and citizens from cities that experience persistently high rates of violent crime. Together, we are increasing coordination and collaboration between human services, education, and public safety agencies to build a sustainable and proactive solution to this systemic issue while saving taxpayer dollars. Moreover, SSYI acknowledges that many proven-risk youth experience a feeling of hopelessness, and has accordingly made behavioral health services a critical element of its program model. SSYI grantees are required to complete a behavioral health assessment for all youth in their programs and implement structured behavioral health services tailored to the needs of young people.

Enhance Veterans' Safety

We are excited about the innovative work that our agencies are doing to keep veterans safe, mentally healthy and out of the criminal justice system. In order to ensure safety in communities throughout the Commonwealth, our agencies will continue to monitor the diverse needs across demographic groups of veterans, and work to prevent violence in a multitude of populations.

In 2008, the *Department of Veterans' Services* (DVS), in collaboration the *Department of Public Health* (DPH), launched the **Statewide Advocacy for Veterans' Empowerment (SAVE) Team**. While the primary mission of SAVE is suicide prevention among the veteran population, the team's approach is to assist veterans with access to services by eliminating real or perceived barriers to programs, benefits and services using a peer approach.

The SAVE team is in the community meeting with veterans and families every day. In 2011, the federal Department of Veterans Affairs (VA) contracted with DVS to launch the **Statewide Housing Advocacy for Reintegration and Prevention (SHARP**) **Team** to help end veterans' homelessness. Modeled after the SAVE Team, SHARP peer specialists take to the streets to seek out homeless veterans and assist them in accessing care and services, with the ultimate goal of permanent housing. Both teams work seamlessly to provide comprehensive services to veterans in crisis or at risk of homelessness. In FY 2012, there were 91 cases receiving long term non-clinical case management, and in addition, 234 veterans received link and referral services and 1,200 contacts were made. Veterans, who disproportionately experience homelessness, are more likely to be safe and stay out of the criminal justice system when they have reliable housing.

At the end of FY 13, through the expanded efforts of SAVE and SHARP, there were over 900 cases in the DVS database. This is a significant increase overall, with SAVE cases alone at twice the 2012 figure. More and more veterans are accessing these critical services every year. This can be directly attributed to new leadership on the team, including conversion of four SAVE staff to full time employees, which enhanced the stability of the program and made it possible to increase focus on keeping veterans safe.

EOHHS operates two soldiers' homes: Chelsea and Holyoke. The soldiers' homes enhance veterans' safety by providing a stable environment where veterans can receive the support services that they need. The two homes provide a variety of services to veterans such as long-term care, domiciliary care, physical and occupational therapy, laboratory and radiology services, a social services department; as well as offices for the Statewide Advocacy for Veterans Empowerment (SAVE) and Statewide Housing Advocacy for Reintegration and Prevention (SHARP) teams.
The Soldiers' Homes strive to care for the whole veteran, knowing that a holistic approach to meeting veterans' needs is ideal. Our innovative support services include, but are not limited to, recreational activities and case management. Our approach to serving the whole veteran enhances safety by managing the

stressors of civilian life, such as finding safe housing and addressing both health and mental health needs.

This past year, EOHHS commissioned a study by MIT to examine the evolving needs of the veteran population. Historically, the soldiers' homes have served primarily older veterans; however, soldiers returning from recent conflicts have a growing set of diverse needs. The study will provide updated demographic data, including age, gender, health status and if/how the veteran was wounded. This information will help the soldiers' homes tailor services to today's veterans.

Increase Efforts to Support Veterans in the Criminal Justice System

All DVS outreach groups encounter veterans who are involved with the criminal justice system, whether in the courts or while they are incarcerated. Recently, the SAVE team has been involved with Mission Direct Vet, a jail diversion program run by the *Department of Mental Health* (DMH) and UMASS Medical, funded by a SAMHSA (Substance Abuse and Mental Health Services Administration) grant. The staff quickly recognized the value that DVS outreach could provide in terms of peer support to the veterans and advocacy in the court system.

Coordination between VA health care system, Veteran Justice Outreach program, Mission Direct Vet Jail Diversion program, Home Base program, VA Vet Centers, community-based treatment facilities, veterans' housing providers, and Massachusetts soldiers' homes ensures that each veteran has access to a continuum of services to address their unique needs. By coordinating with agencies and organizations that offer mental health counseling as well as the *Massachusetts Coalition for Suicide* prevention and the regional coalitions, DVS can link the veteran directly with a treatment program. If treatment versus incarceration is possible, EOHHS attempts to assist veterans and family with gaining access to the multitude of services available to them. EOHHS honors and supports our veterans by keeping them safe and ensuring that, rather than jumping to criminal justice system involvement, courts recognize the unique safety and security needs of veterans.

In late November 2013, Secretary Polanowicz attended the first graduation of the Norfolk County Veterans Treatment Court. Five veterans graduated and SAVE/SHARP peers have been actively working with these veterans, all of whom have been able to receive treatment in lieu of incarceration with the support of federal, state and local agencies.

"The Veterans Court strikes a great balance. It keeps our defendants accountable while focusing on treatment, because it recognizes incarceration without clinical or other support is just going to lead to a higher rate of recidivism. We recognize it is not easy. Treatment is difficult. It takes courage, strength, determination and commitment to enter treatment and stay with it, but if anyone has these traits and models these behaviors, it's a vet."
-Secretary Polanowicz, December 2013

"It was a rough start in the program for me, but I made a complete turnaround. I couldn't be more grateful to the Commonwealth of Massachusetts for having this program," a veteran of the Marine Corps said. "It turned my whole life around. If it were not for the Veterans Court, I would not be anywhere near where I am today."

Fostering Safe Communities Measures

	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
Partner with Local Communities to Reduce Youth Violence						
# of children diverted from hardware secure detention (DYS)	604	463	Improving	486	●	FY13 vs FY12. For FY14, the target may be adjusted due to the Raise the Age legislation
Average length of stay in detention (days) (DYS)	19.9	20.1	Improving	21	●	FY13 vs FY12. Target has been adjusted upward to account for a small % of violent offenders that will enter detention placements as a result of the change in the Raise the Age legislation
Percentage of youth on bail who appeared in court after placement in community based options (DYS)	99.7%	100%	Stable	100%	●	FY 13 vs FY12. Goal for FY14 is to stay stable at 100%
Total Secure detention capacity in the Commonwealth (DYS)	144	197	Improving	215	●	FY 13 vs FY11. For FY14 the target has been adjusted to account for the impact of Raise the Age legislation, where FY14 projected capacity is 1,300 for 17 year olds
Total # of youth held on bail from Juvenile Courts (DYS)	1,990	2,515	Improving	2,264	●	CY12 vs CY11. For FY14, the target may be adjusted due to the Raise the Age legislation
% of SSYI youth engaged in an employment program (CYF Cluster)	21%	6%	Improving	-	-	FY13 vs FY12; this number fluctuates based on the individual needs of SSYI participants; Target is to enroll as many SSYI youth in employment programs as need the service

STATUS LEGEND		
On Target	> = Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	■
Not Applicable (N/A)		–

	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
Partner with Local Communities to Reduce Youth Violence						
# of Aggravated Assault victims in 14-24 age range in SSYI Communities (CYF Cluster)	2,784	3,046	Improving	-	-	FY 2013 vs FY 2012. This represents a 9% decline in youth aggravated assault victims. Target is not appropriate for this measure; target is a continued decline
# of Homicide victims in 14-24 age range in SSYI Communities (CYF Cluster)	45	48	Improving	-	-	FY 2013 vs FY 2012. This represents a 6% decline in youth homicide victims. Target is not appropriate for this measure; target is a continued decline.
Enhance veteran safety						
# of direct contacts by SAVE (VET)	247	91	Improving	-	-	FY13 vs FY12; target is not appropriate for this measure. For a variety of reasons, the number of vets in crisis fluctuates. DVS does not have a target for # of veterans to serve, only that a significant percentage of veterans in crisis are able to connect to the SAVE team
Increase efforts to support veterans in the criminal justice system						
# of veterans in the criminal justice system served by the SAVE team (VET)	100	75	Improving	100		FY 13 vs FY12

Self Sufficiency

Access to employment opportunities is vital to self-sufficiency, which is a core goal we hold for all of the individuals we serve. Many agencies at EOHHS provide employment-related services to more than 25,000 people annually. We work closely with people with disabilities, refugees and immigrants, individuals with mental illness, veterans, and low-income people to help them obtain meaningful employment opportunities in community-based settings.

With person-centered supports and services, the individuals we serve contribute to their own financial stability and quality of life. In addition to helping to create meaningful, long-lasting opportunities for people, EOHHS' employment services also strengthen the Commonwealth's diverse workforce.

Our strategic goals for this priority are to:

- Increase accessible and varied job development, job creation and support opportunities
- Promote skill development for youth with disabilities in preparation for a productive adult life
- Ensure the availability of physical and communication access for individuals with disabilities in the Commonwealth
- Ensure that access to all veterans' benefits and services is available throughout the Commonwealth
- Expand income and financial support opportunities for all elders in the Commonwealth including employment, benefits eligibility and personal planning opportunities

> *"Because everyone should have the opportunity to live, learn, work and play to the fullest extent possible for all of their days. And as long as elders and people with disabilities still face barriers to independence, our work are not done."*
> *– Governor Patrick, Assistive Technology/Universal Design Summit September, 2011*

Key strategies to achieve these goals are to:

- Establish working relationships and partnerships with employers in order to increase opportunities for employment for people with disabilities
- Expand vocational rehabilitation programs in order to increase the number of individuals able to obtain, retain and/or advance in competitive employment
- Support the employment experience of people with disabilities by expanding access to internship opportunities with employer-partners
- Support the implementation of services and peer mentoring for youth with disabilities that promote independent living skill development
- Support a path to citizenship for immigrants and refugees through training, education and job placements
- Maximize relationships with key partners and veterans' advocates to coordinate resources and promote services across a wide-spectrum of the total population
- Increase information sharing about potential financial benefits for low income elders available through federal

programs such as food assistance (SNAP) and fuel assistance (LIHEAP)
- Continue to Share "Embrace your Future" information to people throughout the Commonwealth to improve understanding of their long term care planning options

Expand training and employment opportunities for refugees, immigrants and individuals with disabilities

Massachusetts Office for Refugee and Immigrants (ORI) promotes the full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social and civic life. Those eligible for services have been admitted to the United States on humanitarian grounds, often following conflict, displacement or persecution in their country of origin or are Legal Permanent Residents eligible to become citizens but lack the financial and language skills to do so. Our work to integrate these individuals and families may include provision of **English as a Second Language (ESOL)** training, educational or job training, assistance with job placement and ultimately, full integration as a US citizen.

A core element of our work with refugees and immigrants is supporting their ability to obtain their first job in the US. Despite the challenging job market, federal sequestration and a fragile economy, refugees and immigrants working with ORI have seen success in the timely acquisition of their first job. In FY13, 80% of the almost 1,500 immigrants and refugees served in refugee programs coming to the Commonwealth found jobs. This is up from 75% in FY12. During the past year, **Refugee Employment Services** programs have accessed a greater number of employers and such services are better equipping refugees and immigrants to find a job. In 2010, The Department of Developmental Services (DDS) issued an **Employment First Policy** that established integrated, individual employment as a preferred service option and optimal outcome for working age adults with intellectual disability. By prioritizing assistance and supports for integrated employment in the development of service plans and delivery, this policy both raises expectations and expands opportunities. *Employment First* is in alignment with Governor Patrick's commitment to expand work opportunities for individuals with disabilities through his administration's Community First policies and Massachusetts as a Model Employer Initiative.

The importance and value of integrated employment is recognized by all stakeholders. Having a job has a positive impact on the quality of life of individuals, as well as results in people being perceived by others in a more positive light. Changes in individuals with intellectual disabilities who are employed include increased self-confidence, improved self-image and sense of pride. It also allows an opportunity to become a taxpaying citizen. In addition, businesses benefit by having a diverse workforce, meeting specific employment needs and reflecting the communities they serve.

DDS has provided employment supports for over 3,500 individuals with intellectual disabilities. Of those receiving supports, 87% are sustaining their job for at least 90 days.

Massachusetts Rehabilitation Commission (MRC) operates the **Vocational Rehabilitation** program, a state/federal program that aims to assist individuals with disabilities to choose, obtain, and maintain competitive employment. Using federal guidelines to determine eligibility, counseling staff develops with each consumer a plan that details the education, training and restoration services to be provided based on their needs and abilities. This education and training occurs over an average of several years. An individualized employment plan is developed that outlines specific services and an employment goal. A consumer's case is successfully closed when s/he has spent a minimum of 90 days in employment.

During FY13, over 22,100 people participated in the VR training, education and restoration programs. A total of 3,509 individuals successfully obtained competitive employment for 90 days or more.

In addition to working with individuals, MRC has partnered with employers to increase competitive employment opportunities. First, through its job placement and employment specialist staff, MRC has developed an employer-account management system in multiple labor market sectors to develop partnerships with employers to routinely hire and retain MRC consumers for available positions. MRC also partners with employers using its **On-The-Job training program** to train and place individuals with disabilities in competitive employment opportunities. Finally, MRC has developed an initiative to promote hiring of MRC consumers with federal contractors in partnership with the OFCCP. A hiring event was held in March 2013 with the goal of developing an annual hiring event and ongoing system to place individuals with disabilities into employment with federal contractors.

Promote skill development for youth with disabilities

Youth with disabilities face unique challenges when entering the workforce. Internship programs through three of our agencies, MRC, Massachusetts Commission for the Blind (MCB) and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), assist youth in gaining real world experience in preparation for a successful entry into the job market. Interns receive soft skills training to orient them to the expectations of the workplace and are provided any support they need to be successful in the internship, including mobility training. MCB also offers staff training on blindness to the employer partners and any other support they request.

The MCB internship program grew to 82 interns in the summer of 2013. One intern was offered a permanent job by the employer at the end of the summer. The agency does a thorough screening to assure that the interns have the skills, maturity, and motivation to benefit from the internship experience. The internship programs at MRC and MCD served 180 and 35 youth respectively.

The **MRC Youth Leadership Forum** is a program for youth with disabilities, run in partnership with Easter Seals, and other organizations. The forum matches high school youth with college-aged peer mentors and promotes job readiness, college readiness, and civic engagement, with an ultimate goal of cultivating leadership skills. At the Youth Leadership Forum in July 2013, students and mentors gathered at Bridgewater State University to participate in trainings, workshops, and other activities. Participating students benefit from the development of basic soft and hard employment and life skills that facilitate pathways to employment and higher education.

Ensure physical and communication access for individuals with disabilities

To improve accessibility for people with disabilities, we aid individuals in the utilization of or access to assistive technology, durable medical equipment, communication access or mobility assistance that has allowed them to live and maintain an independent lifestyle in community-based settings.

During FY 2013, MCB either directly or through its non-profit agencies provided a total of 2,053 people who are legally blind with assistive technology and/or orientation and mobility instruction to assist them to live and work independently in the community.

Over 1,100 legally blind persons completed assistive technology services to help them in the workplace, classroom, or the

management of the home. Standard personal computers can be modified using large print, speech, or Braille adaptations. Adapted computer systems can be used to send and receive email, browse web pages, compose documents, work with spreadsheets and databases, and much more. Closed Circuit Television systems can be used to enlarge every day print. The agency's rehabilitation technology specialists evaluate each consumer's needs and offer adaptive equipment and training on many forms of adaptive equipment and software.

In addition, 931 legally blind persons completed orientation and mobility instruction and became able to navigate their homes and travel safely in the community. Qualified orientation and mobility instructors provide individualized training programs within the home, neighborhood, workplace and community. Instruction begins with an assessment of the individual's needs, motivation, and visual and physical abilities and limitations, and may include the use of low vision aids and long cane training.

MCDHH is responsible for overseeing the **Statewide Interpreter** and **CART (Communication Access Realtime Translation) Referral Service**. It provides referral services for sign language, spoken English, oral, tactile and close vision interpreting for deaf and deaf - blind individuals, as well as making referrals to freelance CART providers for CART provision on behalf of hard of hearing and/or late deafened individuals in a wide variety of settings such as medical, legal, mental health, employment, education and recreational situations. In FY 13, we received 21,315 referrals for interpreters, of which 84.1% were filled. Additionally, over 1,300 CART service requests were received, of which 91.4% were filled.

Additionally, MCDHH met the training requests of 98 organizations reaching over 2,600 participants. The majority of trainings were geared toward helping state agencies; elder-serving and medical staff appropriately addresses the needs of the deaf and hard of hearing population.

During FY2013, MRC's **Community Living Division** provided 641 individuals with disabilities with assistive technology services to assist them to live and work independently in their communities throughout the Commonwealth.

Ensure that veterans' services promote self-sufficiency

Our comprehensive state benefits for veterans include health care at the two soldiers' homes (Chelsea and Holyoke) , a veterans' assistance center at the Soldiers' Home in Holyoke and legislatively designated Veterans' Service Officers (VSO) in every city or town. VSOs find veterans and their family members, advise them of their rights and benefits, and assist them in navigating and obtaining the many benefits and services for which they are eligible. The goal of the Department of Veterans' Services (DVS) is that all cities and towns be serviced by a VSO or form a district that meets the requirements of properly administering the uniform program of financial and medical assistance for veterans and their dependents. Currently there is a 99% compliance rate, with most cities and towns being serviced by a VSO. This is a 2% increase from 2012.

Because most of the recently returned veteran population uses social media and the web to access information about benefits, programs and services, DVS launched a new web portal in collaboration with the Mass Broadband Institute and the MGH / Red Sox Home Base Program in May of 2012. Named after the popular TripAdvisor to help establish a brand, the intent of the **MassVetsAdvisor** portal is to assist veterans and families in finding the benefits they qualify for using the latest technology.

"Returning to civilian life is challenging," said Kyle Toto, a U.S. Army veteran who worked with Massachusetts Broadband Institute on the project. "When I came home from Afghanistan I wanted to spend time with friends and family and not have to search endlessly for my benefits. MassVetsAdvisor allows veterans and their families to search for their benefits from the comfort of their homes and on their own time."

This portal will also lead users to their Veterans' Service Officers for direct personal assistance as well as other federal and state programs and services. Success is measured by the number of additional new visitors to the site each quarter. In its first year of operation, MassVetsAdvisor has received over 45,000 visits. The first quarter of FY 14 has seen 9290 visits; this is a 2% increase above the quarterly goal.

Consistent and increased outreach is essential in helping veterans and families' access services and benefits to which they are entitled. DVS measures both direct and indirect units of outreach to ensure a constant flow of communication to this population. Direct contacts are defined as individuals who contact DVS for referrals or direct assistance. Indirect outreach includes mailings, flyers, website hits, new names in the Women Veterans' Network database and attendance at events. Overall, DVS maintains an average of over 30,000 indirect outreach efforts per quarter.

Expand income and financial support opportunities for elders

The Executive Office of Elder Affairs promotes financial security by providing information to elders, their families and caregivers as well as enrollment assistance to adults 60+ who are eligible for public benefits.

The statewide network of 180 certified **Options Counselors** improved the number of adults (4,174) assisted with decision support about home and community based alternatives to institutional long term care by 5% over last fiscal year. Of those consumers counseled who completed a satisfaction survey, 91% said they were able to make better informed decisions about their long-term support options.

The Commonwealth's **Serving the Health Insurance Needs of Everyone (SHINE) Program** increased by 3% the number of adults (57,919) they provided counseling and assistance to concerning Medicare and MassHealth programs, especially public insurance options for low-income adults such as Medicare Low-Income Subsidy programs, Medicare Part D medication insurers, MassHealth's integrated care options **Program for All-Inclusive Care for the Elderly (PACE)** and **Senior Care Options (SCO)**, as well as the **Frail Elder Waiver**.

In FY13 the Information and Referral statewide network increased the number of consumers (12,453) it linked to public benefits programs by 5%.

Self-Sufficiency Measures

	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
Expand Training and Employment Opportunities for Immigrants, Refugees and Individuals with Disabilities						
% of refugees in the Refugee Employment Services programs who obtained their first job in the fiscal year (ORI)	80%	75%	Improving	76%	●	FY13 vs FY12
# of ORI clients who are sworn in as citizens (ORI)	461	430	Improving	451	●	FY13 vs FY12
% of DDS individuals in the employment services program who are in integrated and competitive employment (DDS)	28%	27%	Improving	29%	▲	FY13 vs FY12. This program serves 6200 people per year.
% of individuals with a disability who sustain employment for at least 90 days (MRC)	62.5%	61.1%	Improving	62%	●	FY13 vs FY12
# of individuals with intellectual disability receiving on-going employment supports in group or individual employment (DDS)	3,547	3,610	Stable	3,582	●	FY13 vs FY12
% of individuals with intellectual disability in the Employment Services Program who sustain employment for at least 90 days (DDS)	87%	89%	Stable	88%	▲	FY13 vs FY12 This program serves 6200 people per year.
# of MRC consumers in integrated employment at a competitive wage for 90 days or more (MRC)	3,509	3,487	Improving	3,500	●	FY13 vs FY12
# of employers that have hired individuals with disabilities (MRC)	2,748	2,734	Improving	2,740	●	FY13 vs FY12
Promote Skill Development for Youth with Disabilities						
# of youth summer internship placements (MCB)	82	68	Improving	70	●	FY13 vs FY12
# summer internship placements for youth (MRC)	180	104	Improving	150	●	FY13 vs FY12
# of summer internship placements for youth (MCD)	35	35	Stable	35	●	FY13 vs FY12
# of MRC youth who find employment after participating in training programs (MRC)	914	909	Stable	912	●	FY13 vs FY12

STATUS LEGEND		
On Target	> = Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	■
Not Applicable (N/A)		–

	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
Ensure physical and communication access for individuals with disabilities						
# of individuals who receive core services from Independent Living Centers (MRC)	19,521	19,449	Improving	19,500		FY13 vs FY12
# of trainings provided by MCD in community settings (MCD)	98	141	Stable	-	-	FY13 vs FY12 Target is not appropriate for this measure as we respond to all requests for trainings each year.
% of communication access requests filled by Massachusetts Commission for the Deaf and Hard of Hearing (MCD)	91.4%	93.6%	Stable	90%		FY 13 vs FY12
Promote Self-Sufficiency for Veterans						
# of hits to MassVetsAdvisor.org (VET)	17,651	30,290	Stable	18,000		2nd half FY13 vs 1st half FY13; The website launched in the 1st half of FY13. Page hits were initially high due to a press and outreach focus for this new service. VET staff continues to increase exposure and veterans' comfort using the internet to access services.
% increase in indirect and direct outreach efforts(VET)	32%	1%	Improving	10% growth per year		1st half FY14 vs 2nd half FY13 This dramatic increase is due in part to increased staffing and resources.
% of communities served by a VSO (VET)	99.14%	98.85%	Improving	100%		FY13 2nd half vs FY13 1st half
Expand Income and Financial Support Opportunities for Elders						
% of growth in number of I & R consumers referred directly to public benefits programs over base year (ELD)	5%	1%	Improving	3%		FY13 vs FY12
% growth in number of SHINE consumers counseled on full range of health insurance options over base year (ELD)	24.4%	19%	Improving	20%		FY13 vs FY12

Community First

Community First represents the Commonwealth's commitment to empower and support elders and individuals with disabilities to live with dignity and independence in the community. There are several reasons for putting community first. Most importantly, individuals with long-term support needs, or their guardians or families, prefer to remain in the community and direct their own services rather than receive care or services in a nursing facility or other institutional setting. In addition, in many instances, home and community-based supports and services can be provided more cost-effectively than services in a nursing facility or institution.

The Commonwealth's dedication to community-based supports is embodied in the Community First Olmstead Plan, a strategy and action plan for ensuring that people with disabilities and elders, who collectively make up more than 20 percent of the Massachusetts population, have access to community-living opportunities that address each individual's diverse needs, abilities, and backgrounds. EOHHS agencies collaborate to support the *Community First* policy agenda and the Olmstead Plan by expanding, strengthening and re-aligning existing resources, and integrating community-based long-term supports.

Our strategic goals for this priority are to:

- Provide innovative person-centered services focused on consumer choice and self-determination
- Expand access to home- and community-based long-term supports while also improving the capacity and quality of supports
- Improve the capacity, quality and availability of community-based long term services and supports
- Increase the supports available to informal caregivers such as, respite and supportive services in order to encourage continuation of informal care giving

Key initiatives to achieve these goals are to:

- Promote an organizational culture and service delivery model that promotes self-determination and encourages more voice and choice in service planning
- Expand and enhance family and individual support services
- Expand and improve training of the long term services and supports workforce
- Establish chronic disease self-management program intersection with medical/health care practices across the Commonwealth
- Develop an array of community housing and residential support options that support individuals from state facilities and nursing facilities as well as other individuals with disabilities to more effectively manage the delivery of long-term supports
- Implement Home & Community Based Waivers
- Meet obligations of the Rolland Settlement; complete institutional transitions
- Develop and implement a comprehensive quality management strategy consistent with the state's transformation of its long-term services and supports system and the Olmstead Vision & Mission Statement

Provide innovative, person-centered services

With person-centered supports and services, individuals contribute to their own stability and quality of life. Through individualized case management and support programs, residents leverage the services offered to meet their own individual support needs.

Individualized service planning is a core element of our service delivery at several of our agencies. DDS, ELD, MRC, MCB and MCDHH all provide case management to address the specific needs of their respective populations. Overall, these five agencies provided close to 73,000 individuals with case management to support their improved quality of life.

For example, at MCB, we offer appropriate services to each person newly registered as legally blind as well as to those who later develop additional problems related to adjustment to blindness. During FY13, 5,459 adults and children received independent living social services under an individualized service plan. Examples of services provided based on individual need include: rehabilitation teaching, respite care, vision utilization and after-school programs. Each individual's plan of services may span several years, depending on the needs and circumstances of the consumer. Of those served, 677 (12%) were children younger than age 14 and 659 (12%) were blind persons with multiple and severe disabilities (including deaf-blindness) who received on-going specialized services. Roughly 36% of those assisted achieved all goals in their service plan within the fiscal year.

Expand access, capacity and quality of home and community based long-term supports

On December 12, 2008, EOHHS announced the **Community Services Expansion and Facility Consolidation Plan**. The Plan provides for: the closing of four of the DDS's six facilities (Fernald, Monson, Templeton, and Glavin); the expansion of the community system to create community options for people living in developmental centers; and the assurance of a continuing Intermediate Care Facility for the Mentally Retarded option for Ricci class members.

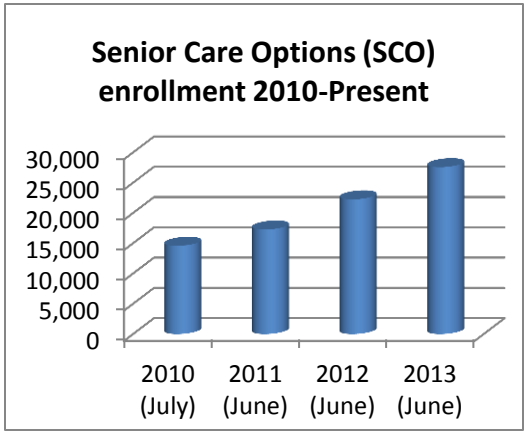
In FY 13, Monson and Glavin, two of the four facilities in the Community Services Expansion and Facilities Consolidation plan, were successfully closed as part of the restructuring plan. A total of 139 individuals moved to the community; the remaining individuals, 38, moved to one of the remaining opened facilities. The closure of Fernald and Templeton will be completed in 2014.

As a result of a Settlement Agreement named for the lead plaintiff Loretta Rolland, DDS established a team to respond to the issues of individuals with developmental disabilities living in nursing facilities. This team was successful in assisting 640 individuals to move from nursing facilities to homes in the community. The team also worked to meet active treatment standards for the remaining individuals in Nursing Facilities and developed a system of support that diverts possible long term admissions at a rate of 95%. As a result of these exceptional accomplishments, DDS met all of the obligations set forth in the Settlement Agreement in FY13.

Expand capacity, availability and improve quality of community-based long term services and supports (LTSS)

EOHHS agencies collaborate to secure additional capacity in community based LTSS by expanding, strengthening, and integrating systems of community-based long-term supports that are person-centered, high in quality and provide optimal choice.

The Executive Office of Elder Affairs increased consumer enrollment in two coordinated care programs that manage both medical and community-based long term services and supports. In FY13, MassHealth collaborated with Senior Care Organizations (SCO) to increase enrollment of dually eligible MassHealth/Medicare beneficiaries (age 65+) into SCO plans. SCO enrollment grew to 25,536, a 20% increase over last fiscal year.



The second coordinated care program is the Program for All-inclusive Care of Elders (PACE), which serves consumers who although they are clinically eligible for a nursing facility level of care, wish to remain living in the community of their choice. The PACE program utilizes an interdisciplinary team of clinicians in an expanded adult day health model to provide and manage all health, medical, and social service needs of its members. In FY 13, PACE increased its enrollment 1% over last fiscal year. In addition, consumer access was increased significantly during the year as four additional regional PACE centers were opened and new service areas were established.

Elder Affairs manages several programs for consumer's age 60+ who are clinically eligible for nursing facility level of care but choose to live independently in the community with the help of home and community based services. In FY13, the **Enhanced Community Options Program** (ECOP) increased enrollment by 27.6% over last fiscal year and the Frail Elder Waiver (FEW) program increased enrollment by 3.6%. Consumers served by these support programs are able to continue living at home instead of moving into a nursing facility. These vital long term support service programs provide high-quality home-based care to consumers in need of home based case at less cost to the Commonwealth.

Increase the supports available to informal caregivers

The **Massachusetts Family Caregiver Support Program (FCSP)** empowers elders and caregivers by providing information, education, support, and services that enhance quality of life. Through the provision of assistance and support the program aims to ease the strain and reduce the challenges of caregiving. Examples of supports available include:

- Information about caregiving, available services, community resources and local programs
- One-on-one assistance to assess needs, identify options and gain access to community-based services
- Training, support and counseling such as organizing caregiver support groups and training to assist caregivers in making decisions, solving problems and managing stress
- Temporary relief services through in-home respite care, adult day care or emergency respite; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

FCSP certified 17 additional trainers to lead the evidenced-based program "Powerful Tools for Caregivers," now available to family caregivers all across the Commonwealth. In addition to training, the number of caregivers who utilized respite services increased to 2,876 caregivers (1% increase) in FY13.

Expanding Community First Measures

Provide innovative person-centered services	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
# of consumers served in community living programs (MRC)	11,637	11,571	Improving	11,425	●	FY13 vs FY12
# of individuals utilizing MCB Social Services program assistance (MCB)	3,516	2,962	Improving	3,500	●	FY13 vs FY12
# of registered legally blind persons served that become or remain independent as a result of MCB services (MCB)	1,943	1,882	Improving	2,000	▲	FY13 vs FY12
# of individuals who receive case management and planning through state elder home care programs (ELD)	43,161	42,916	Stable	42,000	●	FY13 vs FY12
Expand access, capacity and quality of home and community-based long term supports						
# of adults who were long term residents of nursing facilities who are now placed in the community (MRC)	179	141	Improving	141	●	FY13 vs FY12
# of DDS home and community-based waivers utilized (DDS)	12,194	12,352	Stable	13,049	▲	FY13 vs FY12; Waiver caps change from fiscal year to fiscal year. The target will always be total number of slots available & goal is to fill 100% of available slots.
# of individuals utilizing Home Care Support services (MRC)	1,107	1,273	Stable	1,227	▲	FY13 vs FY12; number of individuals served has decreased due to resource limitations.
# of MRC home and community-based waivers utilized (MRC)	252	181	Improving	300	▲	FY13 vs FY12; Acquired Brain Injury (ABI), one of two waivers included is a newer program. MRC is continuing to fill the remaining slots to transition participants out of nursing homes into the community.
# of individuals who are utilizing services through MRC-funded residential services annually (MRC)	68	64	Improving	64	●	FY13 vs FY12
# of adults with intellectual disabilities who move from nursing homes into the community (DDS)	52	70	Stable	52	●	FY13 vs FY12; an aggressive diversion policy has reduced long term nursing home stays.

Improve long term care services and supports	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
# of nursing facility eligible consumers who live in the community with Home Care services and supports (Home Care Basic Waiver, Enhanced Community Options Program, and Community Choices) (ELD)	15,495	13,850	Improving	13,800		FY13 vs FY12
# of individuals who receive long term care services and supports through Senior Care Options (SCO) or Program for All-Inclusive of Elders (PACE) (ELD)	28,482	24,113	Improving	27,324		FY13 vsFY12
Increase the supports available to informal caregivers						
# of Caregivers utilizing respite services of Massachusetts Family Caregiver Support Program (MFCSP) or Elder Home Care Program (ELD)	2,876	2,821	Stable	2,850		FY13 vsFY12

STATUS LEGEND		
On Target	> = Target	
Close-to-Target	80% to 99% of Target	
Off Target	< 80% Target	
Not Applicable (N/A)		

Ensuring Children are Ready to Learn

All children require a healthy platform that will enable them to attend school and succeed. Children who live in poverty often have a unique set of significant needs that may include mental and physical health issues, housing instability and family violence – all of which impede their abilities to take full advantage of the learning opportunities available to them at school.

The challenges our families face are complex, and the Commonwealth is committed to working collaboratively across state agencies to approach school-readiness in a holistic manner. In order to be responsive to the diverse needs of children, it is important to ensure that family support needs are met.

Our strategic goals for this priority are to:

- Improve student attendance
- Meet families' support needs
- Address students' non-academic needs (e.g. behavioral, mental and physical health)

Key initiatives to achieve these goals are to:

- Mobilize local state agency programming in support of district attendance goals
- Increase communication and coordination between school districts and agencies to better align attendance goals and policies
- Deploy state liaisons to underperforming school districts
- Align with implementation of Children Requiring Assistance (CRA) reform, {formerly known as Children in Need of Services (CHINS)}
- Establish local family access centers and connect students and families to centers

The Child & Youth Readiness Cabinet (Readiness Cabinet) fosters coordination and collaboration across state departments and agencies that serve Massachusetts' children, youth and families to improve services and ultimately, outcomes for the Commonwealth's most vulnerable populations, thereby closing achievement gaps.

The Readiness Cabinet, in partnership with EOHHS and DCF is providing "School Liaisons" to seven (7) existing Family Resource Centers in six (6) communities (Worcester, Holyoke, Springfield, Lawrence, Boston and Brockton). Their responsibilities include forging links between local school districts, local schools, and state agencies. The positions were incorporated into the Governor's budget last year in order to begin to institutionalize the Cabinet's work.

Additionally, the Department of Transitional Assistance (DTA) has several programs that involve close collaboration with schools. A data match program identities students receiving DTA benefits so that the school can automatically put them on the free school lunch list. DTA provides nutrition education services to schools so that all children learn to make healthy food choices. With the Learnfare program, schools share attendance data on students receiving benefits with DTA, so that DTA can make sure kids are getting to school.

Improve Student Attendance

While DTA is partnering with schools to share attendance data, the Department of Children and Families (DCF) and the Department of Youth Services (DYS) are each addressing student attendance in their own unique ways.

ESSIP (Elementary/ Secondary Intervention Program) is an attendance initiative, run in partnership between Probation, DCF and the Worcester Public Schools. In Worcester, an ESSIP meeting is a family meeting, held at the student's school and attended by a Probation Officer and a caseworker from DCF. Additional school staff members may attend as appropriate. From the perspective of probation and DCF, this is an "informal and informational" meeting with a family**.** Parents who have been reluctant to engage with school staff usually attend ESSIP meetings and are often motivated to resolve the issues at hand avoiding formal involvement of the court or DCF. In many cases, through the ESSIP meeting process, student and family situations improve and formal filings with the Juvenile Court are avoided.

Typical outcomes of these meetings may include, but are not limited to:

- an informal contract with a student, signed by all parties, to improve attendance and/or behavior at home and at school;
- parents learning about school services that may be appropriate for their child and how to access these;
- parents signing on for voluntary services with DCF;
- referral for attention to other agencies or community-based service-providers (after-school programs, housing or other supplemental assistance programs, medical services, domestic-violence, court clinic or other mental health service providers, legal assistance, child care assistance, etc.)
- a follow-up meeting revisits progress, acknowledges success or considers additional efforts, if necessary

Worcester schools monitored attendance changes before and after ESSIP was implemented. On average, days without absences increased by 5.66% across the district. Days without tardies increased 5.3%. After seeing these recorded improvements, DCF began to expand Worcester's successful ESSIP program to other Massachusetts communities.

DYS Educational Opportunities

EOHHS believes that no matter where children are living, they should have access to quality education. DYS is committed to providing educational opportunities to youth in state custody and ensuring that they can attend school just like they would in their home school districts. In FY13, 100% (n=20) of students in state custody who attempted the MCAS English/ Language arts test passed (100%). Of students in DYS custody, 86% (n=21) who attempted the MCAS Math test passed. In FY12, only 69% passed. This academic success is due in part to the fact that DYS youth attend school for five and a half hours every day, just like students in public day schools, and the curriculum taught is in line with the Department of Elementary and Secondary Education guidelines. DYS promotes success through a set of strategies that includes hiring highly qualified teachers, providing comprehensive professional development, delivering engaging instructional material using relevant curriculum connected to the MA Curriculum Frameworks, and creating opportunities for youth to develop 21st century skills. When these students attend school while they are in state custody, EOHHS works to ensure that they are ready and able to be successful.

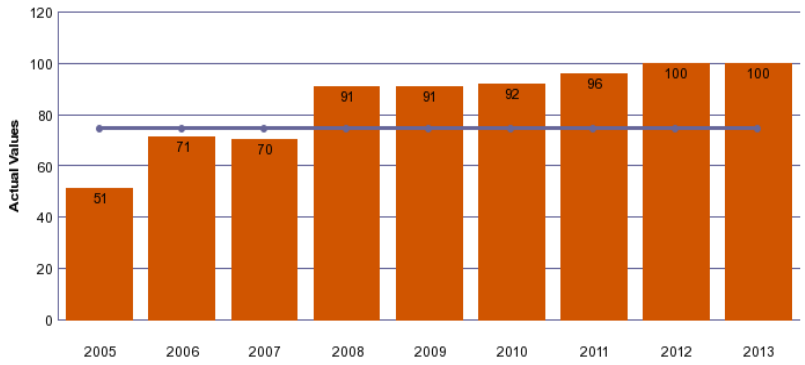


Chart: MCAS English/Language Arts passage rate for DYS students

Meet Families' Support Needs

In response to families' expressed need for more coordinated services and in recognition of the importance of a more holistic system, we have taken a careful look at the way we deliver services for families in Massachusetts. We believe there is an opportunity to improve families' access to information and services, their overall experiences, and the way in which those serving children and families understand and address families' diverse needs. EOHHS, with its partners, has sought to transform Massachusetts' system to a strengths-based, family-centric model that serves the whole child and family. Two specific initiatives have been put in place to address this goal: **Family Resource Centers** (FRCs) and **Mass211**.

FRCs are community-based, culturally competent programs that provide evidence-based parent education groups, information and referral, mentoring, and other opportunities for children and families. FRCs also provide services specific to "Children Requiring Assistance" (CRA- formerly CHINS- Children in Need of Services) who are having serious problems at home and at school, including runaways, truants, and sexually exploited children, as defined by Chapter 240 of the Acts of 2012, or the reformed CHINS laws.

Subject to appropriation, EOHHS is required to establish a "pilot" program for CRA and their families that includes at least one FRC in each county of the Commonwealth by November 2014. There are currently 11 FRCs in six counties operated by the *Department of Children and Families* (DCF). The scope and services offered through these existing FRCs will be expanded.

These efforts will build from successful partnerships, including a current collaboration between Department of Children & Families' (DCF) local Springfield office and the Springfield Public Schools (SPS). Both DCF and SPS have formally agreed to share educational data about foster children. In order to learn more about the students in its custody, DCF has offered to deploy two of its Springfield College social work interns to review the cases and education data on a sample (approximately 30 to 40) of foster children who have high absence rates and/or poor academic performance. The interns work with case workers at DCF and staff at SPS to look closely at the students' individual circumstances and match those students and their families with community resources and services they need. Because the existing family resource center offers a variety of services and supports to families in Springfield, they are at the table as full partners with DCF. The FRC will continue to expand services and programming, depending on the needs that the interns' research uncovers. The FRC is expanding services to offer, for example, a homework club, teen parenting group and tutoring services. As a result of these discussions, SPS is now bringing some of its Parent Academy courses – for families of children in the Springfield Public Schools - on site to the FRC. These courses are free of charge to families and range from parenting skills to career development and learning about local and statewide resources available to their families.

Mass211 is a new information and referral resource for CRAs and their families. Mass211 provides the public with one easy-to-

remember phone number (2-1-1), which allows callers to receive information and referral services 24 hours per day/seven days per week.

Mass211 works with a broad range of community and state agencies to collect information on existing health and human service providers, and make this information available in multiple languages at no cost to the caller. Trained information and referral specialists respond to inquiries and help callers assess their service needs. Referrals to accessible community service providers are made as appropriate. Services are available to all families across the Commonwealth. If the family has CRA-related issues (i.e. run-aways or truancies), Mass211 follows up with the family to assess the effectiveness of the referrals made and address gaps in service at the community level.

A mother called Mass211 regarding her daughter who had recently started high school. The daughter said she wants to have a baby with her 16 yr. old boyfriend. Mother also reported daughter is skipping school, failing two classes and is defiant with Mom. Mass211 (CRA certified) staff referred Mom to an in-home therapist to work on boundaries & communication issues. Mom and daughter are currently working with the in-home therapist to set new goals for themselves and their family. On the first follow-up call, mom requested help from a mentor, as well as additional family supports. Call takers plan to follow up a third time with Mom within one week to see if she was able to schedule in-home therapy more often, and if the mentor she requested has been assigned. Mom was also referred to the "Parents Helping Parents" Helpline.

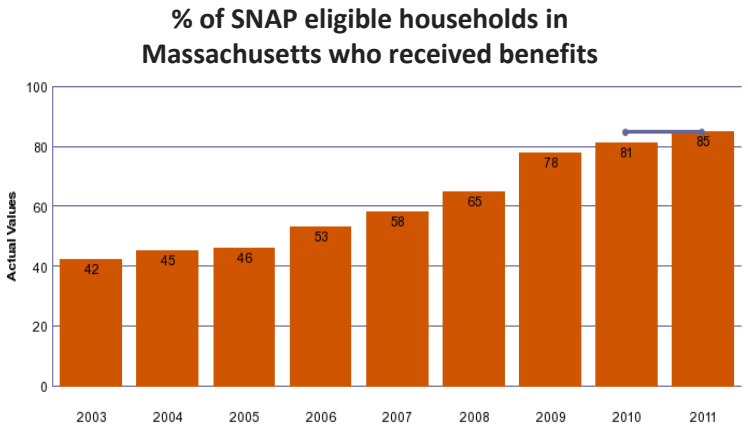
Operators will continue to follow up to ensure that the family feels supported and has access to services they require.

Address students' non-academic needs (e.g. behavioral, mental and physical health)

EOHHS is charged with ensuring that children are ready to learn by meeting their non-academic needs. This means, for example, making sure there is food on their plates and that there are caring adults around them. For families with children who have limited access to a nutritious breakfast, SNAP prepares their children for academic success by providing funds for foods like cereal, fruits and milk. Similarly, children can focus on learning when they are supported by a stable, caring environment and their mental and physical health needs are being met. To this end, DCF has implemented strategies for the utilization of Kinship Care wherever possible.

> *"When students are hungry and distracted, they're not learning."*
> – U.S. Secretary of the Department of Education Arne Duncan

Supplemental Nutrition Assistance Program (SNAP) - formerly the Food Stamps Program - provides a safety net for families who need assistance to make ends meet. SNAP benefits are provided by the federal government and administered by DTA. Residents of the Commonwealth who participate in SNAP are families with children, elders and disabled adults. Many of the families who receive SNAP benefits are the working poor with limited income or those with a temporarily unemployed adult. Participation in the program has increased dramatically over the past 5 years and DTA continues to develop new initiatives to improve participation by increasing awareness and eliminating barriers to participation. In FY11, 85% of SNAP eligible households were in receipt of benefits.



Research findings indicate that children in out-of-home placements achieve greater stability when placed with kin. DCF has been developing strategies for identifying and engaging kin both to provide additional support for families and to promote placement stability when parents are unable to safely care for their children. DCF has been steadily increasing its utilization of **Kinship Care** for those children requiring out-of-home placement (i.e., 26.9% of all placements; 51% of departmental foster care). As Kinship Care has increased, a corresponding improvement in Placement Stability has been evidenced. DCF staff has planned training on and implementation of the educational requirement of the Fostering Connections federal legislation. Further, DCF is increasing collaboration with the Department of Elementary and Secondary Education (DESE) and the Courts to promote educational stability and the development of strategies to improve placement stability.

In addition to meeting mental and physical needs of children, EOHHS is charged with guaranteeing that children's behavioral health needs are attended to. Through the Children's Behavioral Health Initiative (CBHI), all children on MassHealth are eligible for a comprehensive developmental screening during a pediatric well-child visit. CBHI also supports comprehensive, community-based behavioral health services for children determined to be suffering from severe emotional disturbance.

As part of the CBHI, primary care clinicians who treat MassHealth members under the age of 21 must perform standardized developmental health screens during "well-child" visits. Behavioral health clinicians treating MassHealth members under 21 must use a standardized tool, the Child and Adolescent Needs and Strengths (CANS), as part of the clinical assessment process. MassHealth also provides a program of Intensive Care Coordination (ICC) under which care managers work with a team to coordinate services and implement an individualized care plan for each young person. Currently, the percentage of young people offered this service is on the rise, with MassHealth and CBHI constantly working to ensure that children's behavioral health needs are met so that they can be successful and present at school. In FY13, 68% (78,775) of children <21 have had screenings during their well visit. In FY09, an average of 46% of well visits for children <21 included behavioral health screenings, representing an average increase of 22% over the last four fiscal years.

The Office for Refugees and Immigrants (ORI) recognizes that in order to address the unique needs of refugee students, districts need resources to create culturally-competent, student and family focused services. The Refugee School Impact grants in Massachusetts promote full integration through English Language Learning (ELL) support. If lessons are taught in a language that is foreign to the student, they face a significant barrier to success. Districts that receive the grants, typically districts with the largest refugee populations in the state, are able to provide support through the provision of interpreters/ aides, tutors and bicultural aides.

Some young refugees come to Massachusetts without a parent or guardian. It is imperative that those children are placed with a culturally-competent foster family, who can provide for them, address their medical needs and prepare them for life in the United States. The Unaccompanied Refugee Minors Program (URMP) places children with pre-screened foster families. These foster families are charged with ensuring that the young refugee minor has all non-academic needs met, and that they are enrolled in school.

In FY13, 764 young refugees were better able to access their education through the work of these two programs.

Ensuring Children are Ready to Learn Measures

	CURRENT PERIOD	PRIOR PERIOD	TREND	TARGET	STATUS	COMMENTS
Improve Student Attendance						
MCAS-Math passage rate for Department of Youth Services youth in state custody (DYS)	86%	69%	Improving	80%	●	FY13 vs FY12
MCAS- English passage rate for Department of Youth Services youth in state custody (DYS)	100%	100%	Stable	80%	●	FY13 vs FY12
Meet Families' Support Needs						
# of 211 Children Requiring Assistance (CRA) related prevention calls (CYF Cluster)	1,379	-	-	-	-	FY14 Q1 (first operational quarter); Mass211 will continue to monitor call data
# of 211 Children Requiring Assistance (CRA) related intervention calls (CYF Cluster)	76	-	-	-	-	FY14 Q1 (first operational quarter); Mass211 will continue to monitor call data
# of 211 calls received by families who have children age 6-18 (CYF Cluster)	1,455	-	-	-	-	FY14 Q1 (first operational quarter); Mass211 will continue to monitor call data
Address Students' Non- Academic Needs						
% of children in out of home placements who are placed with kin (DCF)	26.9%	26.0%	Stable	28.5%	▲	FY13 vs FY12
% of SNAP eligible households in Massachusetts who received benefits (DTA)	85%	81%	Improving	85%	●	FY11 vs FY10
% of MassHealth clients <21 receiving well-child visits who have received a behavioral health screening (CBHI)	68%	67%	Improving	70%	▲	FY13 vs FY12
# of enrollees in Refugee School Impact and Unaccompanied Refugee Minors programs (ORI)	931	904	Improving	916	●	FY13 vs FY12

STATUS LEGEND		
On Target	> = Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	■
Not Applicable (N/A)		–

Appendix: Measure Descriptions

Promoting Health Care Quality, Access and Affordability	% Children with health insurance	This measure tracks the percent of Massachusetts' children (ages 0-18) who had creditable health insurance coverage during the past year, excluding insurance plans that only cover one service and coverage through federal employees not covered through commercial carriers.	Center for Health Information and Analysis
	% of employers offering health insurance coverage	This measure tracks the percent of all employers in Massachusetts who make health insurance available to their employees in a given year.	Center for Health Information and Analysis
	% of Massachusetts residents with health insurance	This measure tracks the percent of Massachusetts' residents who had health insurance coverage during the past year, excluding insurance plans that only cover one service, federal employees not covered through commercial carriers, people on active duty and their families, and prisoners.	Center for Health Information and Analysis
	% of residents with incomes <150% FPL without health insurance	This measure tracks the percent of Massachusetts residents with family incomes less than 150% of the federal poverty level who lacked health insurance coverage in a given year.	Center for Health Information and Analysis
	# of SREs	This measure tracks the number of serious reportable events (SRE), which are largely preventable, harmful and occur in a clinical setting.	Dept. of Public Health
	# of HAIs	This measure tracks the number of hospital- acquired infections (HAI) that patients get while being treated for another condition.	Dept. of Public Health
	Rate of preventable admissions	This measure tracks the rate of patient readmissions for the same condition that were preventable.	Dept. of Public Health
	% of Delivery System Transformation Initiative (DSTI) progress metric targets achieved by participating hospitals	This measure tracks percentage of progress metric targets achieved by hospitals that are participating in the Delivery System Transformation Initiative.	MassHealth
	% growth in overall spending per member per year	This measure tracks the percentage growth of MassHealth spending per member per year.	MassHealth
	Health Safety Net demand	This measure tracks the total amount that the Health Safety Net would have paid to hospitals and community health centers in the absence of a shortfall in the Health Safety Net Trust Fund.	MassHealth
	# of MassHealth PCC Plan members engaged through the Care Management program	This measure tracks the number of MassHealth Primary Care Coordination (PCC) Plan members participating in the Care Management program.	MassHealth

	# of MassHealth member transitions from institutional to community settings through the Money Follows the Person (MFP) Initiative	This measure tracks the number of MassHealth members transitioning from institutional to community settings through the Money Follows the Person (MFP) Initiative.	MassHealth
	# enrollees in the MassHealth One Care program for individuals eligible for Medicaid and Medicare	This measure tracks the number of MassHealth members eligible for Medicaid and Medicare who are enrolled in the One Care program.	MassHealth
	% of obese adults in Massachusetts	This measure describes the percent of Massachusetts adults aged 20 years and over with Body Mass Index greater than or equal to 30, as reported on the Behavioral Risk Factor Statistical Survey.	Dept. of Public Health
	% of adults who have diabetes	This measure describes the percent of Massachusetts adults aged 18 years or over diagnosed with diabetes, as reported on the Behavioral Risk Factor Statistical Survey.	Dept. of Public Health
	% of high school students who smoke	This measure describes the percent of Massachusetts students in grades 9 – 12 who report smoking in the last 30 days on the Youth Risk Behavior Survey.	Dept. of Public Health
	# of newly reported HIV/AIDS cases	This measure describes the number of new, non-duplicated reports of HIV/AIDS cases annually in Massachusetts, as recorded by the DPH HIV/AIDS Surveillance Program.	Dept. of Public Health
Fostering Safe Communities	# of children diverted from hardware secure detention	This measure tracks the number of detained youth who are diverted from hardware secure detention (e.g. jail) to a less restrictive placement (staff secure / foster care).	Dept. of Youth Services
	Average length of stay in detention	This measure tracks the average number of days spent in a DYS detention facility.	Dept. of Youth Services
	% of youth on bail who appeared in court after placement in community-based options	This measure tracks the percent of detained youth diverted to foster care who make their scheduled court appearance.	Dept. of Youth Services
	Total Secure detention capacity in the Commonwealth	This measure tracks the total number of DYS beds allocated for detained youth.	Dept. of Youth Services
	Total # of youth held on bail from Juvenile Courts	This measure tracks the total number of youth detained at DYS during each fiscal year.	Dept. of Youth Services
	% of SSYI youth engaged in an employment program	This measure tracks the percent of SSYI youth who are engaged in a component of a transitional employment program funded by SSYI dollars.	Dept. of Youth Services
	# of Aggravated Assault victims in 14-24 age range in SSYI Communities (CYF Cluster)	This measure tracks the number of aggravated assault victims in the 14-24 age range in SSYI communities.	Dept. of Youth Services

	# of Homicide victims in 14-24 age range in SSYI Communities (CYF Cluster)	This measure tracks the number of homicide victims in the 14-24 age range in SSYI communities.	
	# of direct contacts by SAVE	This measure tracks the number of direct contacts, including phone calls and visits, made by the Statewide Advocacy for Veterans' Empowerment (SAVE) team.	Dept. of Veterans Services
	# of veterans in the criminal justice system served by the SAVE team	This measure tracks the number of veterans in the criminal justice system who the SAVE team helped to seek a sentence of treatment instead of incarceration.	Dept. of Veterans Services
Self-Sufficiency	% of refugees in the Refugee Employment Services programs who obtained their first job in the fiscal year	This measure tracks the percent of refugees enrolled in Refugee Employment Services programs who were employed within the first fiscal year following their enrollment.	Office for Refugees and Immigrants
	# of ORI clients who are sworn in as citizens	This measure tracks the number of ORI clients enrolled in the CNAP (Citizenship for New Americans) program who were sworn in as citizens.	Office for Refugees and Immigrants
	% of DDS individuals in the employment services program who are in integrated and competitive employment	This measure tracks the percentage of individuals in the community participating in individual support, rather than group employment, in integrated and competitive employment situations.	Dept. of Developmental Services
	% of individuals with a disability who sustain employment for at least 90 days	This measure tracks the percentage of MRC clients with a wide range of significant disabilities that have been placed into competitive integrated employment and who sustain employment for at least 90 days.	Mass. Rehabilitation Commission
	# of individuals with intellectual disability receiving on-going employment supports in group or individual employment	This measure tracks a four week snapshot of data supplied annually by providers of employment services, and represents the number of individuals, in group or individual employment, who receive some form of on-going support.	Dept. of Developmental Services
	% of individuals with intellectual disability in the Employment Services Program who sustain employment for at least 90 days	This measure tracks the percentage of total individuals participating in the Employment Services Program who maintain employment for at least 90 days.	Dept. of Developmental Services
	# of MRC consumers in integrated employment at a competitive wage for 90 days or more	This measure tracks the number of MRC clients who have been placed into competitive integrated employment for 90 days or more.	Mass. Rehabilitation Commission
	# of employers that have hired individuals with disabilities	This measure tracks the number of unique employers who have hired MRC consumers into competitive integrated employment for 90 days or greater during the fiscal year in question.	Mass. Rehabilitation Commission
	# of youth summer internship placements	This measure tracks the number of MCB-involved youth who are placed into summer internship training opportunities.	Mass. Commission for the Blind

	# summer internship placements for youth	This measure tracks the number of MRC youth clients who are placed into summer internship training opportunities.	Mass. Rehabilitation Commission
	# of summer internship placements for youth	This measure tracks the number of MCD youth who are placed into summer internship training opportunities.	Mass. Commission for the Deaf
	# of MRC youth who find employment after participating in training programs	This measure tracks the number of MRC youth clients who are placed into competitive integrated employment after receiving training and other services from the MRC Vocational Rehabilitation program.	Mass. Rehabilitation Commission
	# of individuals who receive core services from Independent Living Centers	This measure tracks individuals receiving services from the 11 Massachusetts Independent Living Centers to assist them with living and working in the community.	Mass. Rehabilitation Commission
	# of trainings provided by MCD in community settings	This measure tracks the number of trainings for consumers, at which they discuss rights with regard to communication access, accommodations and modifications to ensure equal access to programs and services.	Mass. Commission for the Deaf
	% of communication access requests filled by Massachusetts Commission for the Deaf and Hard of Hearing	This measure tracks the percentage of interpreter and Communication Access Realtime Translation (CART) software requests filled by the agency.	Mass. Commission for the Deaf
	# of hits to MassVetsAdvisor.org	This measure tracks the number of visits to the MassVetsAdvisor.org website per half year.	Dept. of Veterans Services
	% increase in indirect and direct outreach efforts	This measure tracks the percent increase of two types of outreach efforts from FY12 to FY13. Indirect outreach efforts include phone calls and flyers. Direct outreach efforts include meetings, site visits and follow up phone calls.	Dept. of Veterans Services
	% of communities served by a VSO	This measure tracks the percentage of all towns with a population of 12,000 or more that have a Veteran's Services Officer (VSO).	Dept. of Veterans Services
	% of growth in number of I & R consumers referred directly to public benefits programs over base year	This measure tracks the percentage of growth in the number of Information and Referral consumers referred to public benefits programs since FY12 (base year).	Exec. Office of Elder Affairs
	% growth in number of SHINE Consumers counseled on full range of health insurance options over base year	This measure tracks the percentage of growth in the number of Serving the Health Information Needs of Elders (SHINE) consumers counseled on the full range of health insurance options since FY12 (base year).	Exec. Office of Elder Affairs

Community First	# of consumers served in community living programs	This measure tracks the number of individuals with disabilities receiving services and supports from MRC's Community Living Division's programs to assist them with their quality of live and to maintain their independence in the community.	Mass. Rehabilitation Commission
	# of individuals utilizing MCB Social Services program assistance	This measure tracks the number of adults and children receiving independent living social services under an individualized service plan. Examples of services provided based on individual need include: rehabilitation teaching, respite care, vision utilization, and after-school programs.	Mass Commission for the Blind
	# of registered legally blind persons served that become or remain independent as a result of MCB services	This measure tracks the number of individuals who have completed planned services through the MCB Independent Living Social Services program during the year. Examples of services provided based on individual need include: rehabilitation teaching, respite care, vision utilization, and homemaker services.	Mass Commission for the Blind
	# of individuals who receive case management and planning through state elder home care programs (ELD)	The metric is the quarterly average number of Home Care consumers who receive case management in Home Care programs, including Home Care Case Management Only, Home Care Basic Waiver and Non-waiver, Respite Care Over-Income, the Enhanced Community Options Program (ECOP), and Community Choices.	Exec. Office of Elder Affairs
	# of adults who were long term residents of nursing facilities who are now placed in the community	This measure tracks the number of adults with disabilities who have transitioned from nursing homes to the community through MRC's Community Living programs, Independent Living Centers, and Home and Community-Based Waivers.	Mass. Rehabilitation Commission
	# of DDS home and community-based waivers utilized	This measure tracks the waiver capacity for all of the four waivers available to DDS consumers, and how they are utilized.	Dept. of Developmental Services
	# of individuals utilizing Home Care Support services	This measure tracks individuals with disabilities receiving home care support services from Massachusetts Rehabilitation Commission to assist them with maintaining their independence in the community.	Mass. Rehabilitation Commission
	# of MRC home and community-based waivers utilized	This measure tracks the number of individuals actively enrolled in MRC's home and community-based waivers for individuals with traumatic and acquired brain injuries (ABI) including the Traumatic Brain Injury (TBI) waivers.	Mass. Rehabilitation Commission

	# of individuals who are utilizing services through MRC-funded residential services annually	This measure tracks individuals with brain injuries receiving state-funded community-based residential services from MRC to assist them with maintaining their independence in the community.	Mass. Rehabilitation Commission
	# of adults with intellectual disabilities who move from Developmental Centers into the community	This measure tracks the number of adults in any long-term DDS facilities who move into community-based care.	Dept. of Developmental Services
	# of nursing facility eligible consumers who live in the community with Home Care services and supports (Home Care Basic Waiver, ECOP, and Community Choices)	This measure tracks the number of nursing facility (NF) eligible consumers who live in the community with services provided by Home Care Basic Waiver, the Enhanced Community Options Program (ECOP), and Community Choices.	Exec. Office of Elder Affairs
	# of individuals who receive long term care services and supports through Senior Care Options (SCO) or Program for All-Inclusive of Elders (PACE)	This measure tracks the number of individuals who received long term care services and supports through Senior Care Options (SCO) or Program for All-Inclusive of Elders (PACE).	Exec. Office of Elder Affairs
	# of Caregivers utilizing respite services of Massachusetts Family Caregiver Support Program (MFCSP) or Elder Home Care Program	The measure tracks the number of caregivers who received respite care through the Massachusetts Family Caregiver Support Program (MFCSP) and the state Home Care Program.	Exec. Office of Elder Affairs
Ensuring Children are Ready to Learn	MCAS-Math passage rate for DYS youth in state custody	This measure tracks the percentage of incarcerated youth that take the Massachusetts Comprehensive Assessment System (MCAS) Math test who passed.	Dept. of Youth Services
	MCAS- English passage rate for DYS youth in state custody	This measure tracks the percentage of incarcerated youth that take the Massachusetts Comprehensive Assessment System (MCAS) English/ Language Arts test who passed.	Dept. of Youth Services
	# of 211 Children Requiring Assistance (CRA) related prevention calls	This measure tracks the total number of Mass211 calls that were regarding prevention services for Children Requiring Assistance (CRA).	EOHHS
	# of 211 Children Requiring Assistance (CRA) related prevention calls	This measure tracks the total number of Mass211 calls that were regarding intervention services for Children Requiring Assistance (CRA).	EOHHS
	# of 211 calls received by families who have children aged 6-18	This measure tracks the total number of Mass211 calls by families where one or more of the children is between the ages of six and seventeen years old.	EOHHS
	% Of children in out of home placements who are placed with kin	This measure tracks the percentage of all children in out of home placements who are placed with a family member.	Dept. of Children and Families
	% of SNAP eligible households in Massachusetts who received benefits	This measure tracks the ratio of the average monthly number of Supplemental Nutrition Assistance Program (SNAP) participants to the number of people with income below 125% of poverty.	Dept. of Transitional Assistance

	% MassHealth clients <21 receiving well-child visits who have received a behavioral health screening (CBHI)	This measure tracks the percentage of children on the child health component of Medicaid who receive a behavioral health screening at a well-child visit.	Children's Behavioral Health Initiative
	# of enrollees in Refugee School Impact and Unaccompanied Refugee Minors programs	This measure tracks the number of children enrolled in one or both of the programs for refugee students: helping them succeed in school (Refugee School Impact) and ensuring that they are in appropriate foster care (Unaccompanied Refugee Minors).	Office for Refugees and Immigrants

Questions about this report may be directed to the
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